



General Assembly

## ***Amendment***

***February Session, 2014***

**LCO No. 5588**

**\*HB0553705588HD0\***

Offered by:

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To: Subst. House Bill No. 5537

File No. 516

Cal. No. 340

***"AN ACT CONCERNING THE DEPARTMENT OF PUBLIC  
HEALTH'S RECOMMENDATIONS REGARDING VARIOUS  
REVISIONS TO THE PUBLIC HEALTH STATUTES."***

1 Strike everything after the enacting clause and substitute the  
2 following in lieu thereof:

3 "Section 1. Section 19a-493b of the general statutes is repealed and  
4 the following is substituted in lieu thereof (*Effective October 1, 2014*):

5 (a) As used in this section and subsection (a) of section 19a-490,  
6 "outpatient surgical facility" means any entity, individual, firm,  
7 partnership, corporation, limited liability company or association,  
8 other than a hospital, engaged in providing surgical services or  
9 diagnostic procedures for human health conditions that include the  
10 use of moderate or deep sedation, moderate or deep analgesia or  
11 general anesthesia, as such levels of anesthesia are defined from time

12 to time by the American Society of Anesthesiologists, or by such other  
13 professional or accrediting entity recognized by the Department of  
14 Public Health. An outpatient surgical facility shall not include a  
15 medical office owned and operated exclusively by a person or persons  
16 licensed pursuant to section 20-13, provided such medical office: (1)  
17 Has no operating room or designated surgical area; (2) bills no facility  
18 fees to third party payers; (3) administers no deep sedation or general  
19 anesthesia; (4) performs only minor surgical procedures incidental to  
20 the work performed in said medical office of the physician or  
21 physicians that own and operate such medical office; and (5) uses only  
22 light or moderate sedation or analgesia in connection with such  
23 incidental minor surgical procedures. [Nothing in this subsection shall  
24 be construed to affect any obligation to comply with the provisions of  
25 section 19a-691.]

26 (b) No entity, individual, firm, partnership, corporation, limited  
27 liability company or association, other than a hospital, shall  
28 individually or jointly establish or operate an outpatient surgical  
29 facility in this state without complying with chapter 368z, except as  
30 otherwise provided by this section, and obtaining a license within the  
31 time specified in this subsection from the Department of Public Health  
32 for such facility pursuant to the provisions of this chapter, unless such  
33 entity, individual, firm, partnership, corporation, limited liability  
34 company or association: (1) Provides to the Office of Health Care  
35 Access division of the Department of Public Health satisfactory  
36 evidence that it was in operation on or before July 1, 2003, or (2)  
37 obtained, on or before July 1, 2003, from the Office of Health Care  
38 Access, a determination that a certificate of need is not required. An  
39 entity, individual, firm, partnership, corporation, limited liability  
40 company or association otherwise in compliance with this section may  
41 operate an outpatient surgical facility without a license through March  
42 30, 2007, and shall have until March 30, 2007, to obtain a license from  
43 the Department of Public Health.

44 (c) Notwithstanding the provisions of this section, no outpatient

45 surgical facility shall be required to comply with section 19a-631, 19a-  
46 632, 19a-644, 19a-645, 19a-646, 19a-649, [19a-654 to 19a-660, inclusive,]  
47 19a-664 to 19a-666, inclusive, 19a-673 to 19a-676, inclusive, 19a-678,  
48 19a-681 or 19a-683. Each outpatient surgical facility shall continue to be  
49 subject to the obligations and requirements applicable to such facility,  
50 including, but not limited to, any applicable provision of this chapter  
51 and those provisions of chapter 368z not specified in this subsection,  
52 except that a request for permission to undertake a transfer or change  
53 of ownership or control shall not be required pursuant to subsection  
54 (a) of section 19a-638 if the Office of Health Care Access division of the  
55 Department of Public Health determines that the following conditions  
56 are satisfied: (1) Prior to any such transfer or change of ownership or  
57 control, the outpatient surgical facility shall be owned and controlled  
58 exclusively by persons licensed pursuant to section 20-13 or chapter  
59 375, either directly or through a limited liability company, formed  
60 pursuant to chapter 613, a corporation, formed pursuant to chapters  
61 601 and 602, or a limited liability partnership, formed pursuant to  
62 chapter 614, that is exclusively owned by persons licensed pursuant to  
63 section 20-13 or chapter 375, or is under the interim control of an estate  
64 executor or conservator pending transfer of an ownership interest or  
65 control to a person licensed under section 20-13 or chapter 375, and (2)  
66 after any such transfer or change of ownership or control, persons  
67 licensed pursuant to section 20-13 or chapter 375, a limited liability  
68 company, formed pursuant to chapter 613, a corporation, formed  
69 pursuant to chapters 601 and 602, or a limited liability partnership,  
70 formed pursuant to chapter 614, that is exclusively owned by persons  
71 licensed pursuant to section 20-13 or chapter 375, shall own and  
72 control no less than a sixty per cent interest in the outpatient surgical  
73 facility.

74 (d) The provisions of this section shall not apply to persons licensed  
75 to practice dentistry or dental medicine pursuant to chapter 379 or to  
76 outpatient clinics licensed pursuant to this chapter.

77 [(e) Any outpatient surgical facility that is accredited as provided in

78 section 19a-691 shall continue to be subject to the requirements of  
79 section 19a-691.]

80 [(f)] (e) The Commissioner of Public Health may provide a waiver  
81 for outpatient surgical facilities from the physical plant and staffing  
82 requirements of the licensing regulations adopted pursuant to this  
83 chapter, provided no waiver may be granted unless the health, safety  
84 and welfare of patients is ensured.

85 Sec. 2. Subsection (d) of section 19a-42 of the general statutes is  
86 repealed and the following is substituted in lieu thereof (*Effective*  
87 *October 1, 2014*):

88 (d) (1) Upon receipt of (A) an acknowledgment of paternity  
89 executed in accordance with the provisions of subsection (a) of section  
90 46b-172, as amended by this act, by both parents of a child born out of  
91 wedlock, or (B) a certified copy of an order of a court of competent  
92 jurisdiction establishing the paternity of a child born out of wedlock,  
93 the commissioner shall include on or amend, as appropriate, such  
94 child's birth certificate to show such paternity if paternity is not  
95 already shown on such birth certificate and to change the name of the  
96 child under eighteen years of age if so indicated on the  
97 acknowledgment of paternity form or within the certified court order  
98 as part of the paternity action. If a person who is the subject of a  
99 voluntary acknowledgment of paternity, as described in this  
100 subdivision, is eighteen years of age or older, the commissioner shall  
101 obtain a notarized affidavit from such person affirming that he or she  
102 agrees to the commissioner's amendment of such person's birth  
103 certificate as such amendment relates to the acknowledgment of  
104 paternity. The commissioner shall amend the birth certificate for an  
105 adult child to change his or her name only pursuant to a court order.

106 (2) If another father is listed on the birth certificate, the  
107 commissioner shall not remove or replace the father's information  
108 unless presented with a certified court order that meets the  
109 requirements specified in section 7-50, or upon the proper filing of a

110 rescission, in accordance with the provisions of section 46b-172, as  
111 amended by this act. The commissioner shall thereafter amend such  
112 child's birth certificate to remove or change the father's name and to  
113 change the name of the child, as requested at the time of the filing of a  
114 rescission, in accordance with the provisions of section 46b-172, as  
115 amended by this act. Birth certificates amended under this subsection  
116 shall not be marked "Amended".

117 Sec. 3. Subsection (a) of section 46b-172 of the general statutes is  
118 repealed and the following is substituted in lieu thereof (*Effective*  
119 *October 1, 2014*):

120 (a) (1) In lieu of or in conclusion of proceedings under section  
121 46b-160, a written acknowledgment of paternity executed and sworn  
122 to by the putative father of the child when accompanied by (A) an  
123 attested waiver of the right to a blood test, the right to a trial and the  
124 right to an attorney, [and] (B) a written affirmation of paternity  
125 executed and sworn to by the mother of the child, and (C) if the person  
126 subject to the acknowledgment of paternity is an adult eighteen years  
127 of age or older, a notarized affidavit affirming consent to the voluntary  
128 acknowledgment of paternity, shall have the same force and effect as a  
129 judgment of the Superior Court. It shall be considered a legal finding  
130 of paternity without requiring or permitting judicial ratification, and  
131 shall be binding on the person executing the same whether such  
132 person is an adult or a minor, subject to subdivision (2) of this  
133 subsection. Such acknowledgment shall not be binding unless, prior to  
134 the signing of any affirmation or acknowledgment of paternity, the  
135 mother and the putative father are given oral and written notice of the  
136 alternatives to, the legal consequences of, and the rights and  
137 responsibilities that arise from signing such affirmation or  
138 acknowledgment. The notice to the mother shall include, but shall not  
139 be limited to, notice that the affirmation of paternity may result in  
140 rights of custody and visitation, as well as a duty of support, in the  
141 person named as father. The notice to the putative father shall include,  
142 but not be limited to, notice that such father has the right to contest

143 paternity, including the right to appointment of counsel, a genetic test  
144 to determine paternity and a trial by the Superior Court or a family  
145 support magistrate and that acknowledgment of paternity will make  
146 such father liable for the financial support of the child until the child's  
147 eighteenth birthday. In addition, the notice shall inform the mother  
148 and the father that DNA testing may be able to establish paternity with  
149 a high degree of accuracy and may, under certain circumstances, be  
150 available at state expense. The notices shall also explain the right to  
151 rescind the acknowledgment, as set forth in subdivision (2) of this  
152 subsection, including the address where such notice of rescission  
153 should be sent, and shall explain that the acknowledgment cannot be  
154 challenged after sixty days, except in court upon a showing of fraud,  
155 duress or material mistake of fact.

156 (2) The mother and the acknowledged father shall have the right to  
157 rescind such affirmation or acknowledgment in writing within the  
158 earlier of (A) sixty days, or (B) the date of an agreement to support  
159 such child approved in accordance with subsection (b) of this section  
160 or an order of support for such child entered in a proceeding under  
161 subsection (c) of this section. An acknowledgment executed in  
162 accordance with subdivision (1) of this subsection may be challenged  
163 in court or before a family support magistrate after the rescission  
164 period only on the basis of fraud, duress or material mistake of fact  
165 which may include evidence that he is not the father, with the burden  
166 of proof upon the challenger. During the pendency of any such  
167 challenge, any responsibilities arising from such acknowledgment  
168 shall continue except for good cause shown.

169 (3) All written notices, waivers, affirmations and acknowledgments  
170 required under subdivision (1) of this subsection, and rescissions  
171 authorized under subdivision (2) of this subsection, shall be on forms  
172 prescribed by the Department of Public Health, provided such  
173 acknowledgment form includes the minimum requirements specified  
174 by the Secretary of the United States Department of Health and  
175 Human Services. All acknowledgments and rescissions executed in

176 accordance with this subsection shall be filed in the paternity registry  
177 established and maintained by the Department of Public Health under  
178 section 19a-42a.

179 (4) An acknowledgment of paternity signed in any other state  
180 according to its procedures shall be given full faith and credit by this  
181 state.

182 Sec. 4. Subsections (b) and (c) of section 19a-7h of the general  
183 statutes are repealed and the following is substituted in lieu thereof  
184 (*Effective October 1, 2014*):

185 (b) For purposes of this section, "health care provider" means a  
186 person who has direct or supervisory responsibility for the delivery of  
187 immunization including licensed physicians, nurse practitioners, nurse  
188 midwives, physician assistants and nurses. Each health care provider  
189 who has provided health care to a child listed in the registry shall  
190 report to the commissioner, or [his] the commissioner's designee,  
191 sufficient information to identify the child and the name and date of  
192 each vaccine dose given to that child or when appropriate,  
193 contraindications or exemptions to administration of each vaccine  
194 dose. Reports shall be made by such means determined by the  
195 commissioner to result in timely reporting. Each health care provider  
196 intending to administer vaccines to any child listed on the registry and  
197 each parent or guardian of such child shall be provided current  
198 information as contained in the registry on the immunization status of  
199 the child for the purposes of determining whether additional doses of  
200 recommended routine childhood immunizations are needed, or to  
201 officially document immunization status to meet state day care or  
202 school immunization entry requirements pursuant to sections 10-204a,  
203 19a-79 and 19a-87b and regulations adopted thereunder. Each director  
204 of health of any town, city or health district and each school nurse who  
205 is required to verify the immunization status for children enrolled in  
206 prekindergarten to grade twelve, inclusive, at a public or private  
207 school in any town, city or school district pursuant to section 10-204a  
208 shall be provided with sufficient information on the children who live

209 in his or her jurisdiction and who are listed on the registry to enable  
210 determination of which children are overdue for scheduled  
211 immunizations and to enable provision of outreach to assist in getting  
212 each such child vaccinated.

213 (c) Except as specified in subsections (a) and (b) of this section, all  
214 personal information including vaccination status and dates of  
215 vaccination of individuals shall be confidential pursuant to section 19a-  
216 25 and shall not be further disclosed without the authorization of the  
217 child or the child's legal guardian. The commissioner shall adopt  
218 regulations, pursuant to chapter 54, to specify how information on  
219 vaccinations or exemptions from vaccination ~~[will be]~~ is reported in a  
220 timely manner to the registry, how information on the registry ~~[will~~  
221 ~~be]~~ is made available to health care providers, parents or guardians,  
222 ~~[and]~~ directors of health [,] and school nurses, how parents or  
223 guardians may decline their child's enrollment in the registry, and to  
224 otherwise implement the provisions of this section.

225 Sec. 5. Section 19a-4j of the general statutes is repealed and the  
226 following is substituted in lieu thereof (*Effective October 1, 2014*):

227 (a) There is established, within the Department of Public Health, an  
228 Office of ~~[Multicultural Health]~~ Health Equity. The responsibility of  
229 the office is to improve the health of all Connecticut residents by  
230 ~~[eliminating]~~ working to eliminate differences in disease, disability and  
231 death rates among ethnic, racial and ~~[cultural populations]~~ other  
232 population groups that are known to have adverse health status or  
233 outcomes. Such population groups may be based on race, ethnicity,  
234 age, gender, socioeconomic position, immigrant status, sexual minority  
235 status, language, disability, homelessness, mental illness or geographic  
236 area of residence.

237 (b) The department may apply for, accept and expend such funds as  
238 may be available from federal, state or other sources and may enter  
239 into contracts to carry out the responsibilities of the office.



240 (c) The office shall assist the department in its efforts in the  
241 following areas:

242 (1) [With regard to health status: (A)] Monitor the health status of  
243 [African Americans; Latinos/Hispanics; Native Americans/Alaskan  
244 Natives; and Asians, Native Hawaiians and other Pacific Islanders]  
245 persons reporting membership in one of the following racial or ethnic  
246 groups: Hispanic or Latino, American Indian or Alaska Native, Asian,  
247 black or African American, Native Hawaiian or other Pacific Islander  
248 and persons reporting more than one race;

249 [(B) compare] (2) Compare the results of the health status  
250 monitoring with the health status of persons reporting membership as  
251 white, non-Hispanic; [Caucasians/whites; and (C)]

252 [assess] (3) Assess the effectiveness of state programs in eliminating  
253 differences in health status;

254 [(2)] (4) Assess the health education and health resource needs of  
255 ethnic, racial and [cultural populations] other population groups listed  
256 in subdivision (1) of this subsection; and

257 [(3)] (5) Maintain a directory of, and [assist in development and  
258 promotion of, multicultural and multiethnic] promote culturally and  
259 linguistically appropriate health resources in Connecticut.

260 (d) The office may:

261 (1) Provide grants for culturally and linguistically appropriate  
262 health [education] demonstration projects and may apply for, accept  
263 and expend public and private funding for such projects; and

264 (2) Recommend policies, procedures, activities and resource  
265 allocations to improve health among racial, ethnic and [cultural  
266 populations in Connecticut] other population groups for which there  
267 may be health disparities.

268       Sec. 6. (NEW) (*Effective October 1, 2014*) (a) No person shall bury the  
269 body of any deceased person less than three hundred fifty feet from  
270 any residential dwelling unless a public highway intervenes between  
271 such place of burial and such dwelling, or unless such body is encased  
272 in a burial vault made of concrete or other impermeable material,  
273 except (1) in a cemetery established on or before November 1, 1911, (2)  
274 in a cemetery that, when established, was more than three hundred  
275 fifty feet from any dwelling house, or (3) with the written approval of  
276 the Commissioner of Public Health, in a plot of land adjacent to a  
277 cemetery, as described in subdivision (1) or (2) of this subsection that  
278 has been made a part of either cemetery. Such written approval shall  
279 contain a detailed description of the land adjacent to the cemetery and  
280 shall be recorded in the land records of the town in which the cemetery  
281 is located.

282       (b) No person shall bury the body of any deceased person in such a  
283 manner that the top of the outside container within which such body is  
284 placed is less than two and one-half feet below the surface of the  
285 ground, except if such container is made of concrete or other  
286 impermeable material, the top of such container shall not be less than  
287 one and one-half feet below the surface.

288       (c) Any person who violates the provisions of this section shall be  
289 fined not more than one hundred dollars for each day such person is in  
290 violation of the provisions of this section.

291       Sec. 7. Section 19a-561 of the general statutes is repealed and the  
292 following is substituted in lieu thereof (*Effective October 1, 2014*):

293       (a) As used in this section, "nursing facility management services"  
294 means services provided in a nursing facility to manage the operations  
295 of such facility, including the provision of care and services and  
296 "nursing facility management services certificate holder" means a  
297 person or entity certified by the Department of Public Health to  
298 provide nursing facility management services.

299 (b) No person or entity shall provide nursing facility management  
300 services in this state without obtaining a certificate from the  
301 Department of Public Health.

302 (c) Any person or entity seeking a certificate to provide nursing  
303 facility management services shall apply to the department, in writing,  
304 on a form prescribed by the department. Such application shall include  
305 the following:

306 (1) (A) The name and business address of the applicant and whether  
307 the applicant is an individual, partnership, corporation or other legal  
308 entity; (B) if the applicant is a partnership, corporation or other legal  
309 entity, the names of the officers, directors, trustees, managing and  
310 general partners of the applicant, the names of the persons who have a  
311 ten per cent or greater beneficial ownership interest in the partnership,  
312 corporation or other legal entity, and a description of each such  
313 person's relationship to the applicant; (C) if the applicant is a  
314 corporation incorporated in another state, a certificate of good  
315 standing from the state agency with jurisdiction over corporations in  
316 such state; and (D) if the applicant currently provides nursing facility  
317 management services in another state, a certificate of good standing  
318 from the licensing agency with jurisdiction over public health for each  
319 state in which such services are provided;

320 (2) A description of the applicant's nursing facility management  
321 experience;

322 (3) An affidavit signed by the applicant and any of the persons  
323 described in subparagraph (B) of subdivision (1) of this subsection  
324 disclosing any matter in which the applicant or such person (A) has  
325 been convicted of an offense classified as a felony under section 53a-25  
326 or pleaded nolo contendere to a felony charge, or (B) has been held  
327 liable or enjoined in a civil action by final judgment, if the felony or  
328 civil action involved fraud, embezzlement, fraudulent conversion or  
329 misappropriation of property, or (C) is subject to a currently effective  
330 injunction or restrictive or remedial order of a court of record at the

331 time of application, or (D) within the past five years has had any state  
332 or federal license or permit suspended or revoked as a result of an  
333 action brought by a governmental agency or department, arising out of  
334 or relating to business activity or health care, including, but not limited  
335 to, actions affecting the operation of a nursing facility, residential care  
336 home or any facility subject to sections 17b-520 to 17b-535, inclusive, or  
337 a similar statute in another state or country; and

338 (4) The location and description of any nursing facility in this state  
339 or another state in which the applicant currently provides  
340 management services or has provided such services within the past  
341 five years.

342 (d) In addition to the information provided pursuant to subsection  
343 (c) of this section, the department may reasonably request to review  
344 the applicant's audited and certified financial statements, which shall  
345 remain the property of the applicant when used for either initial or  
346 renewal certification under this section.

347 (e) Each application for a certificate to provide nursing facility  
348 management services shall be accompanied by an application fee of  
349 three hundred dollars. The certificate shall list each location at which  
350 nursing facility management services may be provided by the holder  
351 of the certificate.

352 (f) The department shall base its decision on whether to issue or  
353 renew a certificate on the information presented to the department and  
354 on the compliance status of the managed entities. The department may  
355 deny certification to any applicant for the provision of nursing facility  
356 management services (1) at any specific facility or facilities where there  
357 has been a substantial failure to comply with the Public Health Code,  
358 or (2) if the applicant fails to provide the information required under  
359 subdivision (1) of subsection (c) of this section.

360 (g) Renewal applications shall be made biennially after (1)  
361 submission of the information required by subsection (c) of this section

362 and any other information required by the department pursuant to  
363 subsection (d) of this section, and (2) submission of evidence  
364 satisfactory to the department that any nursing facility at which the  
365 applicant provides nursing facility management services is in  
366 substantial compliance with the provisions of this chapter, the Public  
367 Health Code and licensing regulations, and (3) payment of a three-  
368 hundred-dollar fee.

369 (h) In any case in which the Commissioner of Public Health finds  
370 that there has been a substantial failure to comply with the  
371 requirements established under this section, the commissioner may  
372 initiate disciplinary action against a nursing facility management  
373 services certificate holder pursuant to section 19a-494.

374 (i) The department may limit or restrict the provision of  
375 management services by any nursing facility management services  
376 certificate holder against whom disciplinary action has been initiated  
377 under subsection (h) of this section.

378 (j) The department, in implementing the provisions of this section,  
379 may conduct any inquiry or investigation, in accordance with the  
380 provisions of section 19a-498, regarding an applicant or certificate  
381 holder.

382 (k) In any case in which the commissioner finds that there has been  
383 a substantial failure to comply with the requirements established  
384 under this chapter, or regulations adopted thereunder, the  
385 commissioner may require the nursing facility licensee and the nursing  
386 facility management service certificate holder to jointly submit a plan  
387 of correction as described in section 19a-496.

388 ~~[(k)]~~ (l) Any person or entity providing nursing facility management  
389 services without the certificate required under this section shall be  
390 subject to a civil penalty of not more than one thousand dollars for  
391 each day that the services are provided without such certificate.

392 Sec. 8. Section 19a-111 of the general statutes is repealed and the

393 following is substituted in lieu thereof (*Effective October 1, 2014*):

394       Upon receipt of each report of confirmed venous blood lead level  
395 equal to or greater than twenty micrograms per deciliter of blood, the  
396 local director of health shall make or cause to be made an  
397 epidemiological investigation of the source of the lead causing the  
398 increased lead level or abnormal body burden and shall order action to  
399 be taken by the appropriate person [or persons] responsible for the  
400 condition [or conditions which] that brought about such lead  
401 poisoning as may be necessary to prevent further exposure of persons  
402 to such poisoning. In the case of any residential unit where such action  
403 will not result in removal of the hazard within a reasonable time, the  
404 local director of health shall utilize such community resources as are  
405 available to effect relocation of any family occupying such unit. The  
406 local director of health may permit occupancy in said residential unit  
407 during abatement if, in [his] such director's judgment, occupancy  
408 would not threaten the health and well-being of the occupants. The  
409 local director of health shall, [within thirty days of] not later than thirty  
410 days after the conclusion of [his] such director's investigation, report to  
411 the Commissioner of Public Health the result of such investigation and  
412 the action taken to [insure] ensure against further lead poisoning from  
413 the same source, including any measures taken to effect relocation of  
414 families. Such report shall include information relevant to the  
415 identification and location of the source of lead poisoning and such  
416 other information as the commissioner may require pursuant to  
417 regulations adopted in accordance with the provisions of chapter 54.  
418 The commissioner shall maintain comprehensive records of all reports  
419 submitted pursuant to this section and section 19a-110. Such records  
420 shall be geographically indexed in order to determine the location of  
421 areas of relatively high incidence of lead poisoning. [The commissioner  
422 shall prepare a quarterly summary of such records which he shall keep  
423 on file and release upon request.] The commissioner shall establish, in  
424 conjunction with recognized professional medical groups, guidelines  
425 consistent with the National Centers for Disease Control for  
426 assessment of the risk of lead poisoning, screening for lead poisoning

427 and treatment and follow-up care of individuals including children  
428 with lead poisoning, women who are pregnant and women who are  
429 planning pregnancy. Nothing in this section shall be construed to  
430 prohibit a local building official from requiring abatement of sources of  
431 lead.

432 Sec. 9. Section 19a-111g of the general statutes is repealed and the  
433 following is substituted in lieu thereof (*Effective October 1, 2014*):

434 (a) Each primary care provider giving pediatric care in this state,  
435 excluding a hospital emergency department and its staff: (1) Shall  
436 conduct lead [screening] testing at least annually for each child nine to  
437 thirty-five months of age, inclusive, in accordance with the Childhood  
438 Lead Poisoning Prevention Screening Advisory Committee  
439 recommendations for childhood lead screening in Connecticut; (2)  
440 shall conduct lead [screening] testing for any child thirty-six to  
441 seventy-two months of age, inclusive, who has not been previously  
442 [screened] tested or for any child under seventy-two months of age, if  
443 clinically indicated as determined by the primary care provider in  
444 accordance with the Childhood Lead Poisoning Prevention Screening  
445 Advisory Committee recommendations for childhood lead screening  
446 in Connecticut; (3) shall provide, before such lead testing occurs,  
447 educational materials or anticipatory guidance information concerning  
448 lead poisoning prevention to such child's parent or guardian in  
449 accordance with the Childhood Lead Poisoning Prevention Screening  
450 Advisory Committee recommendations for childhood lead screening  
451 in Connecticut; (4) shall conduct a medical risk assessment at least  
452 annually for each child thirty-six to [seventy-one] seventy-two months  
453 of age, inclusive, in accordance with the Childhood Lead Poisoning  
454 Prevention Screening Advisory Committee recommendations for  
455 childhood lead screening in Connecticut; [(4)] and (5) may conduct a  
456 medical risk assessment at any time for any child thirty-six months of  
457 age or younger who is determined by the primary care provider to be  
458 in need of such risk assessment in accordance with the Childhood  
459 Lead Poisoning Prevention Screening Advisory Committee

460 recommendations for childhood lead screening in Connecticut.

461 (b) The requirements of this section do not apply to any child whose  
462 parents or guardians object to blood testing as being in conflict with  
463 their religious tenets and practice.

464 Sec. 10. Section 19a-522b of the general statutes is repealed and the  
465 following is substituted in lieu thereof (*Effective October 1, 2014*):

466 (a) A chronic and convalescent nursing home or a rest home with  
467 nursing supervision shall preserve all patient medical records,  
468 irrespective of whether such records are in a printed or electronic  
469 format, for not less than seven years following the date of the patient's  
470 discharge from such facility or, in the case of a patient who dies at the  
471 facility, for not less than seven years following the date of death. A  
472 chronic and convalescent nursing home or rest home with nursing  
473 supervision may maintain all or any portion of a patient's medical  
474 record in an electronic format that complies with accepted professional  
475 standards for such medical records. [In accordance with section 19a-36,  
476 the] The Commissioner of Public Health shall [amend the Public  
477 Health Code in conformity with] adopt regulations, in accordance with  
478 the provisions of chapter 54, to implement the provisions of this  
479 [section] subsection.

480 (b) A chronic or convalescent nursing home or a rest home with  
481 nursing supervision may use electronic signatures for patient medical  
482 records, provided such chronic or convalescent nursing home or rest  
483 home with nursing supervision has written policies in place to  
484 maintain the privacy and security of such electronic signatures.

485 Sec. 11. Section 19a-181 of the general statutes is repealed and the  
486 following is substituted in lieu thereof (*Effective October 1, 2014*):

487 (a) Each ambulance, [or rescue vehicle used by an ambulance or  
488 rescue service] invalid coach and intermediate or paramedic intercept  
489 vehicle used by an emergency medical service organization shall be  
490 registered with the Department of Motor Vehicles pursuant to chapter



491 246. [Said] The Department of Motor Vehicles shall not issue a  
492 certificate of registration for any such ambulance, [or rescue vehicle]  
493 invalid coach or intermediate or paramedic intercept vehicle unless the  
494 applicant for such certificate of registration presents to said  
495 department a safety certificate from the Commissioner of Public  
496 Health certifying that said ambulance, [or rescue vehicle] invalid coach  
497 and intermediate or paramedic intercept vehicle has been inspected  
498 and has met the minimum standards prescribed by the [commissioner]  
499 Commissioner of Public Health. Each vehicle so registered with the  
500 Department of Motor Vehicles shall be inspected once every two years  
501 thereafter [by the Commissioner of Public Health] on or before the  
502 anniversary date of the issuance of the certificate of registration. [Each]  
503 Such inspection shall be conducted (1) in accordance with 49 CFR  
504 396.17, as amended from time to time, and (2) by a person (A) qualified  
505 to perform such inspection in accordance with 49 CFR 396.19 and 49  
506 CFR 396.25, as amended from time to time, and (B) employed by the  
507 state or a municipality of the state or licensed in accordance with  
508 section 14-52. A record of each inspection shall be made in accordance  
509 with section 49 CFR 396.21, as amended from time to time. Each such  
510 inspector, upon determining that such ambulance, [or rescue vehicle]  
511 invalid coach or intermediate or paramedic intercept vehicle meets the  
512 standards of safety and equipment prescribed by the Commissioner of  
513 Public Health, shall affix a safety certificate to such vehicle in such  
514 manner and form as [the] said commissioner designates, and such  
515 sticker shall be so placed as to be readily visible to any person in the  
516 rear compartment of such vehicle.

517 (b) The Department of Motor Vehicles shall suspend or revoke the  
518 certificate of registration of any vehicle inspected under the provisions  
519 of this section upon certification from the Commissioner of Public  
520 Health that such ambulance or rescue vehicle has failed to meet the  
521 minimum standards prescribed by said commissioner.

522 Sec. 12. Subsection (e) of section 25-32 of the 2014 supplement to the  
523 general statutes is repealed and the following is substituted in lieu

524 thereof (*Effective October 1, 2014*):

525 (e) The commissioner shall not grant a permit for the sale, lease,  
526 assignment or change in use of any land in class II unless (1) [the land  
527 in class II is being sold, leased or assigned as part of a larger parcel of  
528 land also containing land in class III and] use restrictions applicable to  
529 [the] such land [in class II] will prevent the land [in class II] from being  
530 developed, (2) the applicant demonstrates that the proposed sale,  
531 lease, assignment or change in use will not have a significant adverse  
532 impact upon the purity and adequacy of the public drinking water  
533 supply and that any use restrictions which the commissioner requires  
534 as a condition of granting a permit can be enforced against subsequent  
535 owners, lessees and assignees, (3) the commissioner determines, after  
536 giving effect to any use restrictions which may be required as a  
537 condition of granting the permit, that such proposed sale, lease,  
538 assignment or change in use will not have a significant adverse effect  
539 on the public drinking water supply, whether or not similar permits  
540 have been granted, and (4) on or after January 1, 2003, as a condition to  
541 the sale, lease or assignment of any class II lands, a permanent  
542 conservation easement on the land is entered into to preserve the land  
543 in perpetuity predominantly in its natural scenic and open condition  
544 for the protection of natural resources and public water supplies while  
545 allowing for recreation consistent with such protection and  
546 improvements necessary for the protection or provision of safe and  
547 adequate potable water, except in cases where the class II land is  
548 deemed necessary to provide access or egress to a parcel of class III  
549 land, as defined in section 25-37c, that is approved for sale.  
550 Preservation in perpetuity shall not include permission for the land to  
551 be developed for any commercial, residential or industrial uses, nor  
552 shall it include permission for recreational purposes requiring intense  
553 development, including, but not limited to, golf courses, driving  
554 ranges, tennis courts, ballfields, swimming pools and uses by  
555 motorized vehicles other than vehicles needed by water companies to  
556 carry out their purposes, provided trails or pathways for pedestrians,  
557 motorized wheelchairs or nonmotorized vehicles shall not be

558 considered intense development.

559 Sec. 13. (NEW) (*Effective October 1, 2014*) Each chronic and  
560 convalescent nursing home or rest home with nursing supervision  
561 shall complete a comprehensive medical history and medical  
562 examination for each patient upon the patient's admission and  
563 annually thereafter. The Commissioner of Public Health shall prescribe  
564 the medical examination requirements, including tests and procedures  
565 to be performed, in regulations adopted in accordance with the  
566 provisions of chapter 54 of the general statutes. A urinalysis, including  
567 protein and glucose qualitative determination and microscopic  
568 examination, shall not be required as part of such facility's post-  
569 admission tests.

570 Sec. 14. Section 19a-494a of the general statutes is repealed and the  
571 following is substituted in lieu thereof (*Effective October 1, 2014*):

572 If the Commissioner of Public Health finds that the health, safety or  
573 welfare of any patient or patients served by an institution, as defined  
574 in [subsections (d) and (e) of] section 19a-490, imperatively requires  
575 emergency action and [he] the commissioner incorporates a finding to  
576 that effect in [his] an order, [he] the commissioner may issue a  
577 summary order to the holder of a license issued pursuant to section  
578 19a-493 pending completion of any proceedings conducted pursuant  
579 to section 19a-494. These proceedings shall be promptly instituted and  
580 determined. The orders [which] that the commissioner may issue shall  
581 include, but not be limited to: (1) Revoking or suspending the license;  
582 (2) prohibiting such institution from contracting with new patients or  
583 terminating its relationship with current patients; (3) limiting the  
584 license of such institution in any respect, including reducing the  
585 patient capacity or services which may be provided by such  
586 institution; and (4) compelling compliance with the applicable statutes  
587 or regulations of the department. Prior to issuing any summary order  
588 that revokes or suspends a hospital's license, the commissioner shall  
589 prepare, in collaboration with such hospital and one or more health  
590 care providers that provides services in the same geographic area as

591 such hospital, a detailed plan for the relocation of such hospital's  
592 inpatients and the provision of comparable services for such hospital's  
593 outpatients.

594 Sec. 15. Subsection (c) of section 19a-495 of the general statutes is  
595 repealed and the following is substituted in lieu thereof (*Effective*  
596 *October 1, 2014*):

597 (c) The commissioner may waive any provisions of the regulations  
598 affecting [the physical plant requirements of residential care homes] an  
599 institution, as defined in section 19a-490, if the commissioner  
600 determines that such waiver would not endanger the health, safety or  
601 welfare of any patient or resident. The commissioner may impose  
602 conditions, upon granting the waiver, that assure the health, safety and  
603 welfare of patients or residents, and may revoke the waiver upon a  
604 finding that the health, safety or welfare of any patient or resident has  
605 been jeopardized. The commissioner shall not grant a waiver that  
606 would result in a violation of the Fire Safety Code or State Building  
607 Code. The commissioner may adopt regulations, in accordance with  
608 chapter 54, establishing procedures for an application for a waiver  
609 pursuant to this subsection.

610 Sec. 16. Section 19a-175 of the general statutes is repealed and the  
611 following is substituted in lieu thereof (*Effective October 1, 2014*):

612 As used in this chapter, unless the context otherwise requires:

613 (1) "Emergency medical service system" means a system which  
614 provides for the arrangement of personnel, facilities and equipment for  
615 the efficient, effective and coordinated delivery of health care services  
616 under emergency conditions;

617 (2) "Patient" means an injured, ill, crippled or physically  
618 handicapped person requiring assistance and transportation;

619 (3) "Ambulance" means a motor vehicle specifically designed to  
620 carry patients;

621 (4) "Ambulance service" means an organization which transports  
622 patients;

623 (5) "Emergency medical technician" means [an individual] a person  
624 who [has successfully completed the training requirements established  
625 by the commissioner and has been certified by the Department of  
626 Public Health] is certified pursuant to chapter 368d;

627 (6) "Ambulance driver" means a person whose primary function is  
628 driving an ambulance;

629 (7) "Emergency medical services instructor" means a person who is  
630 certified [by the Department of Public Health to teach courses, the  
631 completion of which is required in order to become an emergency  
632 medical technician] pursuant to chapter 368d;

633 (8) "Communications facility" means any facility housing the  
634 personnel and equipment for handling the emergency communications  
635 needs of a particular geographic area;

636 (9) "Life saving equipment" means equipment used by emergency  
637 medical personnel for the stabilization and treatment of patients;

638 (10) "Emergency medical service organization" means any  
639 organization whether public, private or voluntary [which] that offers  
640 transportation or treatment services to patients primarily under  
641 emergency conditions;

642 (11) "Invalid coach" means a vehicle used exclusively for the  
643 transportation of nonambulatory patients, who are not confined to  
644 stretchers, to or from either a medical facility or the patient's home in  
645 nonemergency situations or utilized in emergency situations as a  
646 backup vehicle when insufficient emergency vehicles exist;

647 (12) "Rescue service" means any organization, whether [profit] for-  
648 profit or nonprofit, whose primary purpose is to search for persons  
649 who have become lost or to render emergency service to persons who

650 are in dangerous or perilous circumstances;

651 (13) "Provider" means any person, corporation or organization,  
652 whether profit or nonprofit, whose primary purpose is to deliver  
653 medical care or services, including such related medical care services  
654 as ambulance transportation;

655 (14) "Commissioner" means the Commissioner of Public Health;

656 (15) "Paramedic" means a person licensed pursuant to section 20-  
657 206ll;

658 (16) "Commercial ambulance service" means an ambulance service  
659 which primarily operates for profit;

660 (17) "Licensed ambulance service" means a commercial ambulance  
661 service or a volunteer or municipal ambulance service issued a license  
662 by the commissioner;

663 (18) "Certified ambulance service" means a municipal, [or] volunteer  
664 or nonprofit ambulance service issued a certificate by the  
665 commissioner;

666 [(19) "Management service" means an employment organization  
667 that does not own or lease ambulances or other emergency medical  
668 vehicles and that provides emergency medical technicians or  
669 paramedics to an emergency medical service organization;]

670 [(20)] (19) "Automatic external defibrillator" means a device that: (A)  
671 Is used to administer an electric shock through the chest wall to the  
672 heart; (B) contains internal decision-making electronics,  
673 microcomputers or special software that allows it to interpret  
674 physiologic signals, make medical diagnosis and, if necessary, apply  
675 therapy; (C) guides the user through the process of using the device by  
676 audible or visual prompts; and (D) does not require the user to employ  
677 any discretion or judgment in its use;

678 [(21)] (20) "Mutual aid call" means a call for emergency medical  
679 services that, pursuant to the terms of a written agreement, is  
680 responded to by a secondary or alternate emergency medical services  
681 provider if the primary or designated emergency medical services  
682 provider is unable to respond because such primary or designated  
683 provider is responding to another call for emergency medical services  
684 or the ambulance or nontransport emergency vehicle operated by such  
685 primary or designated provider is out of service. For purposes of this  
686 subdivision, "nontransport emergency vehicle" means a vehicle used  
687 by emergency medical technicians or paramedics in responding to  
688 emergency calls that is not used to carry patients;

689 [(22)] (21) "Municipality" means the legislative body of a  
690 municipality or the board of selectmen in the case of a municipality in  
691 which the legislative body is a town meeting;

692 [(23)] (22) "Primary service area" means a specific geographic area to  
693 which one designated emergency medical services provider is  
694 assigned for each category of emergency medical response services;

695 [(24)] (23) "Primary service area responder" means an emergency  
696 medical services provider who is designated to respond to a victim of  
697 sudden illness or injury in a primary service area;

698 [(25)] (24) "Interfacility critical care transport" means the interfacility  
699 transport of a patient between licensed [hospitals] health care  
700 institutions;

701 [(26)] (25) "Advanced emergency medical technician" means an  
702 individual who is certified as an advanced emergency medical  
703 technician by the Department of Public Health;

704 [(27)] (26) "Emergency medical responder" means an individual who  
705 is [certified as an emergency medical responder by the Department of  
706 Public Health] certified pursuant to this chapter;

707 [(28)] (27) "Medical oversight" means the active surveillance by

708 physicians of [mobile intensive care] the provision of emergency  
709 medical services sufficient for the assessment of overall emergency  
710 medical service practice levels, as defined by state-wide protocols;

711 [(29) "Mobile intensive care" means prehospital care involving  
712 invasive or definitive skills, equipment, procedures and other  
713 therapies;]

714 [(30)] (28) "Office of Emergency Medical Services" means the office  
715 established within the Department of Public Health [Services]  
716 pursuant to section 19a-178; [and]

717 [(31)] (29) "Sponsor hospital" means a hospital that has agreed to  
718 maintain staff for the provision of medical oversight, supervision and  
719 direction to an emergency medical service organization and its  
720 personnel and has been approved for such activity by the [Office of  
721 Emergency Medical Services.] Department of Public Health; and

722 (30) "Paramedic intercept service" means paramedic treatment  
723 services provided by an entity that does not provide the ground  
724 ambulance transport.

725 Sec. 17. Section 19a-177 of the general statutes is repealed and the  
726 following is substituted in lieu thereof (*Effective October 1, 2014*):

727 The commissioner shall:

728 (1) With the advice of the Office of Emergency Medical Services  
729 established pursuant to section 19a-178 and of an advisory committee  
730 on emergency medical services and with the benefit of meetings held  
731 pursuant to subsection (b) of section 19a-184, adopt every five years a  
732 state-wide plan for the coordinated delivery of emergency medical  
733 services;

734 (2) License or certify the following: (A) Ambulance operations,  
735 ambulance drivers, [emergency medical technicians] emergency  
736 medical services personnel and communications personnel; (B)



737 emergency room facilities and communications facilities; and (C)  
738 transportation equipment, including land, sea and air vehicles used for  
739 transportation of patients to emergency facilities and periodically  
740 inspect life saving equipment, emergency facilities and emergency  
741 transportation vehicles to [insure] ensure that state standards are  
742 maintained;

743 (3) Annually inventory emergency medical services resources  
744 within the state, including facilities, equipment, and personnel, for the  
745 purposes of determining the need for additional services and the  
746 effectiveness of existing services;

747 (4) Review and evaluate all area-wide plans developed by the  
748 emergency medical services councils pursuant to section 19a-182 in  
749 order to insure conformity with standards issued by the commissioner;

750 (5) Within thirty days of their receipt, review all grant and contract  
751 applications for federal or state funds concerning emergency medical  
752 services or related activities for conformity to policy guidelines and  
753 forward such application to the appropriate agency, when required;

754 (6) Establish such minimum standards and adopt such regulations  
755 in accordance with the provisions of chapter 54, as may be necessary to  
756 develop the following components of an emergency medical service  
757 system: (A) Communications, which shall include, but not be limited  
758 to, equipment, radio frequencies and operational procedures; (B)  
759 transportation services, which shall include, but not be limited to,  
760 vehicle type, design, condition and maintenance, and operational  
761 procedure; (C) training, which shall include, but not be limited to,  
762 emergency medical technicians, communications personnel,  
763 paraprofessionals associated with emergency medical services,  
764 firefighters and state and local police; and (D) emergency medical  
765 service facilities, which shall include, but not be limited to,  
766 categorization of emergency departments as to their treatment  
767 capabilities and ancillary services;

768 (7) Coordinate training of all personnel related to emergency  
769 medical services;

770 (8) (A) Not later than October 1, 2001, develop or cause to be  
771 developed a data collection system that will follow a patient from  
772 initial entry into the emergency medical service system through arrival  
773 at the emergency room and, within available appropriations, may  
774 expand the data collection system to include clinical treatment and  
775 patient outcome data. The commissioner shall, on a quarterly basis,  
776 collect the following information from each licensed ambulance  
777 service, [or] certified ambulance service or paramedic intercept service  
778 that provides emergency medical services: (i) The total number of calls  
779 for emergency medical services received by such licensed ambulance  
780 service, [or] certified ambulance service or paramedic intercept service  
781 through the 9-1-1 system during the reporting period; (ii) each level of  
782 emergency medical services, as defined in regulations adopted  
783 pursuant to section 19a-179, as amended by this act, required for each  
784 such call; (iii) the response time for each licensed ambulance service,  
785 [or] certified ambulance service or paramedic intercept service during  
786 the reporting period; (iv) the number of passed calls, cancelled calls  
787 and mutual aid calls during the reporting period; and (v) for the  
788 reporting period, the prehospital data for the nonscheduled transport  
789 of patients required by regulations adopted pursuant to subdivision  
790 (6) of this section. The information required under this subdivision  
791 may be submitted in any written or electronic form selected by such  
792 licensed ambulance service, [or] certified ambulance service or  
793 paramedic intercept service and approved by the commissioner,  
794 provided the commissioner shall take into consideration the needs of  
795 such licensed ambulance service, [or] certified ambulance service, or  
796 paramedic intercept service in approving such written or electronic  
797 form. The commissioner may conduct an audit of any such licensed  
798 ambulance service, [or] certified ambulance service or paramedic  
799 intercept service as the commissioner deems necessary in order to  
800 verify the accuracy of such reported information.

801 (B) The commissioner shall prepare a report to the Emergency  
802 Medical Services Advisory Board, established pursuant to section 19a-  
803 178a, that shall include, but not be limited to, the following  
804 information: (i) The total number of calls for emergency medical  
805 services received during the reporting year by each licensed  
806 ambulance service, [or] certified ambulance service or paramedic  
807 intercept service; (ii) the level of emergency medical services required  
808 for each such call; (iii) the name of the provider of each such level of  
809 emergency medical services furnished during the reporting year; (iv)  
810 the response time, by time ranges or fractile response times, for each  
811 licensed ambulance service, [or] certified ambulance service or  
812 paramedic intercept service, using a common definition of response  
813 time, as provided in regulations adopted pursuant to section 19a-179,  
814 as amended by this act; and (v) the number of passed calls, cancelled  
815 calls and mutual aid calls during the reporting year. The commissioner  
816 shall prepare such report in a format that categorizes such information  
817 for each municipality in which the emergency medical services were  
818 provided, with each such municipality grouped according to urban,  
819 suburban and rural classifications.

820 (C) If any licensed ambulance service, [or] certified ambulance  
821 service or paramedic intercept service does not submit the information  
822 required under subparagraph (A) of this subdivision for a period of six  
823 consecutive months, or if the commissioner believes that such licensed  
824 ambulance service, [or] certified ambulance service or paramedic  
825 intercept service knowingly or intentionally submitted incomplete or  
826 false information, the commissioner shall issue a written order  
827 directing such licensed ambulance service, [or] certified ambulance  
828 service, or paramedic intercept service to comply with the provisions  
829 of subparagraph (A) of this subdivision and submit all missing  
830 information or such corrected information as the commissioner may  
831 require. If such licensed ambulance service, [or] certified ambulance  
832 service or paramedic intercept service fails to fully comply with such  
833 order not later than three months from the date such order is issued,  
834 the commissioner (i) shall conduct a hearing, in accordance with

835 chapter 54, at which such licensed ambulance service, [or] certified  
836 ambulance service or paramedic intercept service shall be required to  
837 show cause why the primary service area assignment of such licensed  
838 ambulance service, [or] certified ambulance service or paramedic  
839 intercept service should not be revoked, and (ii) may take such  
840 disciplinary action under section 19a-17 as the commissioner deems  
841 appropriate.

842 (D) The commissioner shall collect the information required by  
843 subparagraph (A) of this subdivision, in the manner provided in said  
844 subparagraph, from each person or emergency medical service  
845 organization licensed or certified under section 19a-180, as amended  
846 by this act, that provides emergency medical services;

847 (9) (A) Establish rates for the conveyance and treatment of patients  
848 by licensed ambulance services and invalid coaches and establish  
849 emergency service rates for certified ambulance services and  
850 paramedic intercept services, provided (i) the present rates established  
851 for such services and vehicles shall remain in effect until such time as  
852 the commissioner establishes a new rate schedule as provided in this  
853 subdivision, and (ii) any rate increase not in excess of the Medical Care  
854 Services Consumer Price Index, as published by the Bureau of Labor  
855 Statistics of the United States Department of Labor, for the prior year,  
856 filed in accordance with subparagraph (B)(iii) of this subdivision shall  
857 be deemed approved by the commissioner. For purposes of this  
858 subdivision, licensed ambulance service shall not include emergency  
859 air transport services.

860 (B) Adopt regulations, in accordance with the provisions of chapter  
861 54, establishing methods for setting rates and conditions for charging  
862 such rates. Such regulations shall include, but not be limited to,  
863 provisions requiring that on and after July 1, 2000: (i) Requests for rate  
864 increases may be filed no more frequently than once a year, except  
865 that, in any case where an agency's schedule of maximum allowable  
866 rates falls below that of the Medicare allowable rates for that agency,  
867 the commissioner shall immediately amend such schedule so that the

868 rates are at or above the Medicare allowable rates; (ii) only licensed  
869 ambulance services, [and] certified ambulance services and paramedic  
870 intercept services that apply for a rate increase in excess of the Medical  
871 Care Services Consumer Price Index, as published by the Bureau of  
872 Labor Statistics of the United States Department of Labor, for the prior  
873 year, and do not accept the maximum allowable rates contained in any  
874 voluntary state-wide rate schedule established by the commissioner for  
875 the rate application year shall be required to file detailed financial  
876 information with the commissioner, provided any hearing that the  
877 commissioner may hold concerning such application shall be  
878 conducted as a contested case in accordance with chapter 54; (iii)  
879 licensed ambulance services, [and] certified ambulance services and  
880 paramedic intercept services that do not apply for a rate increase in  
881 any year in excess of the Medical Care Services Consumer Price Index,  
882 as published by the Bureau of Labor Statistics of the United States  
883 Department of Labor, for the prior year, or that accept the maximum  
884 allowable rates contained in any voluntary state-wide rate schedule  
885 established by the commissioner for the rate application year shall, not  
886 later than July fifteenth of such year, file with the commissioner a  
887 statement of emergency and nonemergency call volume, and, in the  
888 case of a licensed ambulance service, [or] certified ambulance service  
889 or paramedic intercept service that is not applying for a rate increase, a  
890 written declaration by such licensed ambulance service, [or] certified  
891 ambulance service or paramedic intercept service that no change in its  
892 currently approved maximum allowable rates will occur for the rate  
893 application year; and (iv) detailed financial and operational  
894 information filed by licensed ambulance services, [and] certified  
895 ambulance services and paramedic intercept services to support a  
896 request for a rate increase in excess of the Medical Care Services  
897 Consumer Price Index, as published by the Bureau of Labor Statistics  
898 of the United States Department of Labor, for the prior year, shall  
899 cover the time period pertaining to the most recently completed fiscal  
900 year and the rate application year of the licensed ambulance service,  
901 [or] certified ambulance service or paramedic intercept service.

902 (C) Establish rates for licensed ambulance services, [and] certified  
903 ambulance services or paramedic intercept services for the following  
904 services and conditions: (i) "Advanced life support assessment" and  
905 "specialty care transports", which terms shall have the meaning  
906 provided in 42 CFR 414.605; and (ii) intramunicipality mileage, which  
907 means mileage for an ambulance transport when the point of origin  
908 and final destination for a transport is within the boundaries of the  
909 same municipality. The rates established by the commissioner for each  
910 such service or condition shall be equal to (I) the ambulance service's  
911 base rate plus its established advanced life support/paramedic  
912 surcharge when advanced life support assessment services are  
913 performed; (II) two hundred twenty-five per cent of the ambulance  
914 service's established base rate for specialty care transports; and (III)  
915 "loaded mileage", as the term is defined in 42 CFR 414.605, multiplied  
916 by the ambulance service's established rate for intramunicipality  
917 mileage. Such rates shall remain in effect until such time as the  
918 commissioner establishes a new rate schedule as provided in this  
919 subdivision;

920 (10) Research, develop, track and report on appropriate quantifiable  
921 outcome measures for the state's emergency medical services system  
922 and submit to the joint standing committee of the General Assembly  
923 having cognizance of matters relating to public health, in accordance  
924 with the provisions of section 11-4a, on or before July 1, 2002, and  
925 annually thereafter, a report on the progress toward the development  
926 of such outcome measures and, after such outcome measures are  
927 developed, an analysis of emergency medical services system  
928 outcomes;

929 (11) Establish primary service areas and assign in writing a primary  
930 service area responder for each primary service area;

931 (12) Revoke primary services area assignments upon determination  
932 by the commissioner that it is in the best interests of patient care to do  
933 so; and

934 (13) Annually issue a list of minimum equipment requirements for  
935 ambulances and rescue vehicles based upon current national  
936 standards. The commissioner shall distribute such list to all emergency  
937 medical services organizations and sponsor hospital medical directors  
938 and make such list available to other interested stakeholders.  
939 Emergency medical services organizations shall have one year from  
940 the date of issuance of such list to comply with the minimum  
941 equipment requirements.

942 Sec. 18. Section 19a-180 of the general statutes is repealed and the  
943 following is substituted in lieu thereof (*Effective October 1, 2014*):

944 (a) No person shall operate any ambulance service, paramedic  
945 intercept service or rescue service [or management service] without  
946 either a license or a certificate issued by the commissioner. No person  
947 shall operate a commercial ambulance service or commercial rescue  
948 service [or a management service] without a license issued by the  
949 commissioner. A certificate shall be issued to any volunteer or  
950 municipal ambulance service [which] or any ambulance service or  
951 paramedic intercept service that is operated and maintained by a state  
952 agency and that shows proof satisfactory to the commissioner that it  
953 meets the minimum standards of the commissioner in the areas of  
954 training, equipment and personnel. No license or certificate shall be  
955 issued to any volunteer, municipal or commercial ambulance service,  
956 paramedic intercept service or rescue service or [management service,  
957 as defined in subdivision (19) of section 19a-175] any ambulance  
958 service or paramedic intercept service that is operated and maintained  
959 by a state agency, unless it meets the requirements of subsection (e) of  
960 section 14-100a, as amended by this act. Applicants for a license shall  
961 use the forms prescribed by the commissioner and shall submit such  
962 application to the commissioner accompanied by an annual fee of two  
963 hundred dollars. In considering requests for approval of permits for  
964 new or expanded emergency medical services in any region, the  
965 commissioner shall consult with the Office of Emergency Medical  
966 Services and the emergency medical services council of such region

967 and shall hold a public hearing to determine the necessity for such  
968 services. Written notice of such hearing shall be given to current  
969 providers in the geographic region where such new or expanded  
970 services would be implemented, provided, any volunteer ambulance  
971 service which elects not to levy charges for services rendered under  
972 this chapter shall be exempt from the provisions concerning requests  
973 for approval of permits for new or expanded emergency medical  
974 services set forth in this subsection. A primary service area responder  
975 that operates in the service area identified in the application shall,  
976 upon request, be granted intervenor status with opportunity for cross-  
977 examination. Each applicant for licensure shall furnish proof of  
978 financial responsibility which the commissioner deems sufficient to  
979 satisfy any claim. The commissioner may adopt regulations, in  
980 accordance with the provisions of chapter 54, to establish satisfactory  
981 kinds of coverage and limits of insurance for each applicant for either  
982 licensure or certification. Until such regulations are adopted, the  
983 following shall be the required limits for licensure: (1) For damages by  
984 reason of personal injury to, or the death of, one person on account of  
985 any accident, at least five hundred thousand dollars, and more than  
986 one person on account of any accident, at least one million dollars, (2)  
987 for damage to property at least fifty thousand dollars, and (3) for  
988 malpractice in the care of one passenger at least two hundred fifty  
989 thousand dollars, and for more than one passenger at least five  
990 hundred thousand dollars. In lieu of the limits set forth in subdivisions  
991 (1) to (3), inclusive, of this subsection, a single limit of liability shall be  
992 allowed as follows: (A) For damages by reason of personal injury to, or  
993 death of, one or more persons and damage to property, at least one  
994 million dollars; and (B) for malpractice in the care of one or more  
995 passengers, at least five hundred thousand dollars. A certificate of such  
996 proof shall be filed with the commissioner. Upon determination by the  
997 commissioner that an applicant is financially responsible, properly  
998 certified and otherwise qualified to operate a commercial ambulance  
999 service, paramedic intercept service or rescue service, [or management  
1000 service,] the commissioner shall issue the appropriate license effective  
1001 for one year to such applicant. If the commissioner determines that an



1002 applicant for either a certificate or license is not so qualified, the  
1003 commissioner shall notify such applicant of the denial of the  
1004 application with a statement of the reasons for such denial. Such  
1005 applicant shall have thirty days to request a hearing on the denial of  
1006 the application.

1007 (b) Any person [, management service organization] or emergency  
1008 medical service organization [which] that does not maintain standards  
1009 or violates regulations adopted under any section of this chapter  
1010 applicable to such person or organization may have such person's or  
1011 organization's license or certification suspended or revoked or may be  
1012 subject to any other disciplinary action specified in section 19a-17 after  
1013 notice by certified mail to such person or organization of the facts or  
1014 conduct [which] that warrant the intended action. Such person or  
1015 emergency medical service organization shall have an opportunity to  
1016 show compliance with all requirements for the retention of such  
1017 certificate or license. In the conduct of any investigation by the  
1018 commissioner of alleged violations of the standards or regulations  
1019 adopted under the provisions of this chapter, the commissioner may  
1020 issue subpoenas requiring the attendance of witnesses and the  
1021 production by any medical service organization or person of reports,  
1022 records, tapes or other documents [which] that concern the allegations  
1023 under investigation. All records obtained by the commissioner in  
1024 connection with any such investigation shall not be subject to the  
1025 provisions of section 1-210 for a period of six months from the date of  
1026 the petition or other event initiating such investigation, or until such  
1027 time as the investigation is terminated pursuant to a withdrawal or  
1028 other informal disposition or until a hearing is convened pursuant to  
1029 chapter 54, whichever is earlier. A complaint, as defined in subdivision  
1030 (6) of section 19a-13, shall be subject to the provisions of section 1-210  
1031 from the time that it is served or mailed to the respondent. Records  
1032 [which] that are otherwise public records shall not be deemed  
1033 confidential merely because they have been obtained in connection  
1034 with an investigation under this chapter.

1035 (c) Any person [, management service organization] or emergency  
1036 medical service organization aggrieved by an act or decision of the  
1037 commissioner regarding certification or licensure may appeal in the  
1038 manner provided by chapter 54.

1039 (d) Any person who commits any of the following acts shall be  
1040 guilty of a class C misdemeanor: (1) In any application to the  
1041 commissioner or in any proceeding before or investigation made by  
1042 the commissioner, knowingly making any false statement or  
1043 representation, or, with knowledge of its falsity, filing or causing to be  
1044 filed any false statement or representation in a required application or  
1045 statement; (2) issuing, circulating or publishing or causing to be issued,  
1046 circulated or published any form of advertisement or circular for the  
1047 purpose of soliciting business which contains any statement that is  
1048 false or misleading, or otherwise likely to deceive a reader thereof,  
1049 with knowledge that it contains such false, misleading or deceptive  
1050 statement; (3) giving or offering to give anything of value to any  
1051 person for the purpose of promoting or securing ambulance, invalid  
1052 coach, paramedic intercept vehicle or rescue service business or  
1053 obtaining favors relating thereto; (4) administering or causing to be  
1054 administered, while serving in the capacity of an employee of any  
1055 licensed ambulance or rescue service, any alcoholic liquor to any  
1056 patient in such employee's care, except under the supervision and  
1057 direction of a licensed physician; (5) in any respect wilfully violating or  
1058 failing to comply with any provision of this chapter or wilfully  
1059 violating, failing, omitting or neglecting to obey or comply with any  
1060 regulation, order, decision or license, or any part or provisions thereof;  
1061 or (6) with one or more other persons, conspiring to violate any license  
1062 or order issued by the commissioner or any provision of this chapter.

1063 (e) No person shall place any advertisement or produce any printed  
1064 matter that holds that person out to be an ambulance service unless  
1065 such person is licensed or certified pursuant to this section. Any such  
1066 advertisement or printed matter shall include the license or certificate  
1067 number issued by the commissioner.

1068 (f) Each licensed or certified [ambulance service shall] emergency  
1069 medical service organization shall: (1) Ensure that its emergency  
1070 medical personnel, whether such personnel are employees or  
1071 contracted through an employment agency or personnel pool, are  
1072 appropriately licensed or certified by the Department of Public Health  
1073 to perform their job duties and that such licenses or certifications  
1074 remain valid; (2) ensure that any employment agency or personnel  
1075 pool, from which the emergency medical service organization obtains  
1076 personnel meets the required general liability and professional liability  
1077 insurance limits described in subsection (a) of this section and that all  
1078 persons performing work or volunteering for the medical service  
1079 organization are covered by such insurance; and (3) secure and  
1080 maintain medical oversight, as defined in section 19a-175, as amended  
1081 by this act, by a sponsor hospital, as defined in section 19a-175, as  
1082 amended by this act. [for all its emergency medical personnel, whether  
1083 such personnel are employed by the ambulance service or a  
1084 management service.]

1085 (g) Each applicant whose request for new or expanded emergency  
1086 medical services is approved shall, not later than six months after the  
1087 date of such approval, acquire the necessary resources, equipment and  
1088 other material necessary to comply with the terms of the approval and  
1089 operate in the service area identified in the application. If the applicant  
1090 fails to do so, the approval for new or expanded medical services shall  
1091 be void and the commissioner shall rescind the approval.

1092 (h) Notwithstanding the provisions of subsection (a) of this section,  
1093 any volunteer, hospital-based or municipal ambulance service or any  
1094 ambulance service or paramedic intercept service operated and  
1095 maintained by a state agency that is licensed or certified and is a  
1096 primary service area responder may apply to the commissioner to add  
1097 one emergency vehicle to its existing fleet every three years, on a short  
1098 form application prescribed by the commissioner. No such volunteer,  
1099 hospital-based or municipal ambulance service or any ambulance  
1100 service or paramedic intercept service operated and maintained by a

1101 state agency may add more than one emergency vehicle to its existing  
1102 fleet pursuant to this subsection regardless of the number of  
1103 municipalities served by such volunteer, hospital-based or municipal  
1104 ambulance service. Upon making such application, the applicant shall  
1105 notify in writing all other primary service area responders in any  
1106 municipality or abutting municipality in which the applicant proposes  
1107 to add the additional emergency vehicle. Except in the case where a  
1108 primary service area responder entitled to receive notification of such  
1109 application objects, in writing, to the commissioner not later than  
1110 fifteen calendar days after receiving such notice, the application shall  
1111 be deemed approved thirty calendar days after filing. If any such  
1112 primary service area responder files an objection with the  
1113 commissioner within the fifteen-calendar-day time period and requests  
1114 a hearing, the applicant shall be required to demonstrate need at a  
1115 public hearing as required under subsection (a) of this section.

1116 (i) The commissioner shall develop a short form application for  
1117 primary service area responders seeking to add an emergency vehicle  
1118 to their existing fleets pursuant to subsection (h) of this section. The  
1119 application shall require an applicant to provide such information as  
1120 the commissioner deems necessary, including, but not limited to, (1)  
1121 the applicant's name and address, (2) the primary service area where  
1122 the additional vehicle is proposed to be used, (3) an explanation as to  
1123 why the additional vehicle is necessary and its proposed use, (4) proof  
1124 of insurance, (5) a list of the providers to whom notice was sent  
1125 pursuant to subsection (h) of this section and proof of such  
1126 notification, and (6) total call volume, response time and calls passed  
1127 within the primary service area for the one-year period preceding the  
1128 date of the application.

1129 (j) Notwithstanding the provisions of subsection (a) of this section,  
1130 any ambulance service or paramedic intercept service operated and  
1131 maintained by a state agency on or before October 1, 2014, that notifies  
1132 the Department of Public Health's Office of Emergency Medical  
1133 Services, in writing, not later than September 1, 2014, of such operation

1134 and attests to the ambulance service or paramedic intercept service  
1135 being in compliance with all statutes and regulations concerning such  
1136 operation (1) shall be deemed certified by the Commissioner of Public  
1137 Health, or (2) shall be deemed licensed by the Commissioner of Public  
1138 Health if such ambulance service or paramedic intercept service levies  
1139 charges for emergency and nonemergency services.

1140 Sec. 19. Section 19a-179 of the general statutes is repealed and the  
1141 following is substituted in lieu thereof (*Effective October 1, 2014*):

1142 [(a)] The commissioner shall adopt regulations, in accordance with  
1143 chapter 54, concerning [(1) the methods and conditions for the  
1144 issuance, renewal and reinstatement of licensure and certification or  
1145 recertification of emergency medical service personnel, (2)] (1) the  
1146 methods and conditions for licensure and certification of the  
1147 operations, facilities and equipment enumerated in section 19a-177, as  
1148 amended by this act, and [(3)] (2) complaint procedures for the public  
1149 and any emergency medical service organization. Such regulations  
1150 shall be in conformity with the policies and standards established by  
1151 the commissioner. Such regulations shall require that, as an express  
1152 condition of the purchase of any business holding a primary service  
1153 area, the purchaser shall agree to abide by any performance standards  
1154 to which the purchased business was obligated pursuant to its  
1155 agreement with the municipality.

1156 [(b)] The commissioner may issue an emergency medical technician  
1157 certificate to an applicant who presents evidence satisfactory to the  
1158 commissioner that the applicant (1) is currently certified as an  
1159 emergency medical technician in good standing in any New England  
1160 state, New York or New Jersey, (2) has completed an initial training  
1161 program consistent with the United States Department of  
1162 Transportation, National Highway Traffic Safety Administration  
1163 emergency medical technician curriculum, and (3) has no pending  
1164 disciplinary action or unresolved complaint against him or her.

1165 (c) The commissioner may issue a temporary emergency medical

1166 technician certificate to an applicant who presents evidence  
1167 satisfactory to the commissioner that (1) the applicant was certified by  
1168 the department as an emergency medical technician prior to becoming  
1169 licensed as a paramedic pursuant to section 20-206ll, and (2) the  
1170 applicant's certification as an emergency medical technician has  
1171 expired and the applicant's license as a paramedic has become void  
1172 pursuant to section 19a-88. Such temporary certificate shall be valid for  
1173 a period not to exceed one year and shall not be renewable.

1174 (d) An applicant who is issued a temporary emergency medical  
1175 technician certificate pursuant to subsection (c) of this section may,  
1176 prior to the expiration of such temporary certificate, apply to the  
1177 department for:

1178 (1) Renewal of such person's paramedic license, giving such  
1179 person's name in full, such person's residence and business address  
1180 and such other information as the department requests, provided the  
1181 application for license renewal is accompanied by evidence satisfactory  
1182 to the commissioner that the applicant was under the medical  
1183 oversight of a sponsor hospital on the date the applicant's paramedic  
1184 license became void for nonrenewal; or

1185 (2) Recertification as an emergency medical technician, provided the  
1186 application for recertification is accompanied by evidence satisfactory  
1187 to the commissioner that the applicant completed emergency medical  
1188 technician refresher training approved by the commissioner not later  
1189 than one year after issuance of the temporary emergency medical  
1190 technician certificate. The department shall recertify such person as an  
1191 emergency medical technician without the examination required for  
1192 initial certification specified in regulations adopted by the  
1193 commissioner pursuant to this section.

1194 (e) For purposes of subsection (d) of this section, "medical oversight"  
1195 means the active surveillance by physicians of mobile intensive care  
1196 sufficient for the assessment of overall practice levels, as defined by  
1197 state-wide protocols, and "sponsor hospital" means a hospital that has

1198 agreed to maintain staff for the provision of medical oversight,  
1199 supervision and direction to an emergency medical service  
1200 organization, as defined in section 19a-175, and its personnel and has  
1201 been approved for such activity by the Office of Emergency Medical  
1202 Services.]

1203 Sec. 20. Section 20-206mm of the general statutes is repealed and the  
1204 following is substituted in lieu thereof (*Effective October 1, 2014*):

1205 (a) Except as provided in subsections (b) and (c) of this section, an  
1206 applicant for a license as a paramedic shall submit evidence  
1207 satisfactory to the [commissioner, as defined in section 19a-175,]  
1208 Commissioner of Public Health that the applicant has successfully (1)  
1209 completed a [mobile intensive care] paramedic training program  
1210 approved by the commissioner, and (2) passed an examination  
1211 prescribed by the commissioner.

1212 (b) An applicant for licensure by endorsement shall present  
1213 evidence satisfactory to the commissioner that the applicant (1) is  
1214 licensed or certified as a paramedic in another state or jurisdiction  
1215 whose requirements for practicing in such capacity are substantially  
1216 similar to or higher than those of this state and that the applicant has  
1217 no pending disciplinary action or unresolved complaint against him or  
1218 her, or (2) (A) is currently licensed or certified as a paramedic in good  
1219 standing in any New England state, New York or New Jersey, (B) has  
1220 completed an initial training program consistent with the [United  
1221 States Department of Transportation, National Highway Traffic Safety  
1222 Administration paramedic curriculum] National Emergency Medical  
1223 Services Education Standards, as promulgated by the National  
1224 Highway Traffic Safety Administration for the paramedic scope of  
1225 practice model conducted by an organization offering a program that  
1226 is recognized by the national emergency medical services program  
1227 accrediting organization, and (C) has no pending disciplinary action or  
1228 unresolved complaint against him or her.

1229 (c) Any person who is certified as an emergency medical technician-

1230 paramedic by the Department of Public Health on October 1, 1997,  
1231 shall be deemed a licensed paramedic. Any person so deemed shall  
1232 renew his license pursuant to section 19a-88 for a fee of one hundred  
1233 fifty dollars.

1234 (d) The commissioner may issue an emergency medical technician  
1235 certificate or emergency medical responder certificate to an applicant  
1236 who presents evidence satisfactory to the commissioner that the  
1237 applicant (1) is currently certified as an emergency medical technician,  
1238 or emergency medical responder in good standing in any New  
1239 England state, New York or New Jersey, (2) has completed an initial  
1240 training program consistent with the National Emergency Medical  
1241 Services Education Standards, as promulgated by the National  
1242 Highway Traffic Safety Administration for the emergency medical  
1243 technician or emergency medical responder curriculum, and (3) has no  
1244 pending disciplinary action or unresolved complaint against him or  
1245 her.

1246 (e) The commissioner may issue a temporary emergency medical  
1247 technician certificate to an applicant who presents evidence  
1248 satisfactory to the commissioner that (1) the applicant was certified by  
1249 the department as an emergency medical technician prior to becoming  
1250 licensed as a paramedic pursuant to section 20-206ll, or (2) the  
1251 applicant's certification as an emergency medical technician has  
1252 expired and the applicant's license as a paramedic has become void  
1253 pursuant to section 19a-88. Such temporary certificate shall be valid for  
1254 a period not to exceed one year and shall not be renewable.

1255 (f) An applicant who is issued a temporary emergency medical  
1256 technician certificate pursuant to subsection (e) of this section may,  
1257 prior to the expiration of such temporary certificate, apply to the  
1258 department for: (1) Renewal of such person's paramedic license, giving  
1259 such person's name in full, such person's residence and business  
1260 address and such other information as the department requests,  
1261 provided the application for license renewal is accompanied by  
1262 evidence satisfactory to the commissioner that the applicant was under



1263 the medical oversight of a sponsor hospital, as those terms are defined  
1264 in section 19a-175, as amended by this act, on the date the applicant's  
1265 paramedic license became void for nonrenewal; or (2) recertification as  
1266 an emergency medical technician, provided the application for  
1267 recertification is accompanied by evidence satisfactory to the  
1268 commissioner that the applicant completed emergency medical  
1269 technician refresher training approved by the commissioner not later  
1270 than one year after issuance of the temporary emergency medical  
1271 technician certificate. The department shall recertify such person as an  
1272 emergency medical technician without the examination required for  
1273 initial certification specified in regulations adopted by the  
1274 commissioner pursuant to section 20-206oo, as amended by this act.

1275 (g) The commissioner may issue an emergency medical responder  
1276 certificate to an applicant who presents evidence satisfactory to the  
1277 commissioner that the applicant (1) is currently certified as an  
1278 emergency medical responder in good standing by a state that  
1279 maintains licensing requirements that the commissioner determines  
1280 are equal to, or greater than, those in this state, (2) has completed an  
1281 initial department-approved emergency medical responder training  
1282 program that includes written and practical examinations at the  
1283 completion of the course, or a program outside the state that adheres  
1284 to national education standards for the emergency medical responder  
1285 scope of practice and that includes an examination, and (3) has no  
1286 pending disciplinary action or unresolved complaint against him or  
1287 her.

1288 (h) The commissioner may issue an emergency medical services  
1289 instructor certificate to an applicant who presents (1) evidence  
1290 satisfactory to the commissioner that the applicant is currently certified  
1291 as an emergency medical technician in good standing, (2)  
1292 documentation satisfactory to the commissioner, with reference to  
1293 national education standards, regarding qualifications as an  
1294 emergency medical service instructor, (3) a letter of endorsement  
1295 signed by two instructors holding current emergency medical service

1296 instructor certification, (4) documentation of having completed written  
1297 and practical examinations as prescribed by the commissioner, and (5)  
1298 evidence satisfactory to the commissioner that the applicant has no  
1299 pending disciplinary action or unresolved complaints against him or  
1300 her.

1301 Sec. 21. Section 20-206oo of the general statutes is repealed and the  
1302 following is substituted in lieu thereof (*Effective October 1, 2014*):

1303 The Commissioner of Public Health may adopt regulations in  
1304 accordance with the provisions of chapter 54 to carry out the  
1305 provisions of subdivision [(18)] (24) of subsection (c) of section 19a-14,  
1306 subsection (e) of section 19a-88, subdivision (15) of section 19a-175, as  
1307 amended by this act, subsection (b) of section 20-9, as amended by this  
1308 act, subsection (c) of section 20-195c, sections 20-195aa to 20-195ff,  
1309 inclusive, and sections 20-206jj to 20-206oo, inclusive, as amended by  
1310 this act.

1311 Sec. 22. Section 19a-179a of the general statutes is repealed and the  
1312 following is substituted in lieu thereof (*Effective October 1, 2014*):

1313 (a) Notwithstanding any provision of the general statutes or any  
1314 regulation adopted pursuant to this chapter, the scope of practice of  
1315 any person certified or licensed as an emergency medical responder,  
1316 emergency medical technician, advanced emergency medical  
1317 technician, emergency medical services instructor or a paramedic  
1318 under regulations adopted pursuant to this section [19a-179] may  
1319 include treatment modalities not specified in the regulations of  
1320 Connecticut state agencies, provided such treatment modalities are (1)  
1321 approved by the Connecticut Emergency Medical Services Medical  
1322 Advisory Committee established pursuant to section 19a-178a and the  
1323 Commissioner of Public Health, and (2) administered at the medical  
1324 oversight and direction of a sponsor hospital. [, as defined in section  
1325 28-8b.]

1326 (b) The Commissioner of Public Health shall adopt regulations, in

1327 accordance with chapter 54, concerning the methods and conditions  
1328 for the issuance, renewal and reinstatement of licensure and  
1329 certification or recertification of emergency medical responders,  
1330 emergency medical technicians and emergency medical services  
1331 instructors.

1332 Sec. 23. Section 19a-195a of the 2014 supplement to the general  
1333 statutes is repealed and the following is substituted in lieu thereof  
1334 (*Effective October 1, 2014*):

1335 (a) The Commissioner of Public Health shall adopt regulations in  
1336 accordance with the provisions of chapter 54 to provide that  
1337 emergency medical technicians shall be recertified every three years.  
1338 For the purpose of maintaining an acceptable level of proficiency, each  
1339 emergency medical technician who is recertified for a three-year  
1340 period shall complete thirty hours of refresher training approved by  
1341 the commissioner, or meet such other requirements as may be  
1342 prescribed by the commissioner.

1343 (b) The commissioner shall adopt regulations, in accordance with  
1344 the provisions of chapter 54, to (1) provide for state-wide  
1345 standardization of certification for each class of emergency medical  
1346 services personnel, including, but not limited to, (A) emergency  
1347 medical technicians, [including, but not limited to, paramedics,] (B)  
1348 emergency medical services instructors, and (C) emergency medical  
1349 responders, (2) allow course work for such certification to be taken  
1350 state-wide, and (3) allow persons so certified to perform within their  
1351 scope of certification state-wide.

1352 Sec. 24. Section 19a-179c of the general statutes is repealed and the  
1353 following is substituted in lieu thereof (*Effective October 1, 2014*):

1354 (a) Any ambulance used for interfacility critical care transport shall  
1355 meet the requirements for a basic level ambulance, as prescribed in  
1356 regulations adopted pursuant to section 19a-179, as amended by this  
1357 act, including requirements concerning medically necessary supplies

1358 and services, and may be supplemented by a licensed registered nurse,  
1359 advanced practice registered nurse, physician assistant or respiratory  
1360 care practitioner, provided such licensed professionals shall have  
1361 current training and certification in pediatric or adult advanced life  
1362 support, or from the Neonatal Resuscitation Program of the American  
1363 Academy of Pediatrics, as appropriate, based on the patient's  
1364 condition.

1365 (b) A general hospital or children's general hospital licensed in  
1366 accordance with section 19a-490 may utilize a ground or air ambulance  
1367 service other than the primary service area responder for emergency  
1368 interfacility transports of patients when (1) the primary service area  
1369 responder is not authorized to the level of care required for the patient,  
1370 (2) the primary service area responder does not have the equipment  
1371 necessary to transport the patient safely, or (3) the transport takes the  
1372 primary service area responder out of its service area for more than  
1373 two hours and there is another ambulance service with the appropriate  
1374 level of medical authorization and proper equipment available. The  
1375 patient's attending physician shall determine when it is necessary to  
1376 utilize the primary service area responder or other ambulance service  
1377 for an expeditious and medically-appropriate transport.

1378 Sec. 25. (NEW) (*Effective October 1, 2014*) (a) Each emergency medical  
1379 service organization licensed or certified by the Commissioner of  
1380 Public Health shall, upon receipt of a notice of intention to strike by a  
1381 labor organization representing the employees of such emergency  
1382 medical service organization file a strike contingency plan, in  
1383 accordance with the provisions of the National Labor Relations Act, 29  
1384 USC 158, as amended from time to time, with the commissioner not  
1385 later than five days before the date indicated for commencement of the  
1386 strike.

1387 (b) The commissioner may issue a summary order to any emergency  
1388 medical service organization, as defined in section 19a-175 of the  
1389 general statutes, as amended by this act, that fails to file a strike  
1390 contingency plan that complies with the provisions of this section and

1391 the regulations adopted by the commissioner pursuant to this section  
1392 within the specified time period. Such order shall require the  
1393 emergency medical service organization to immediately file a strike  
1394 contingency plan that complies with the provisions of this section and  
1395 the regulations adopted by the commissioner pursuant to this section.

1396 (c) Any emergency medical service organization that fails to comply  
1397 with this section shall be subject to a civil penalty of not more than ten  
1398 thousand dollars for each day of noncompliance.

1399 (d) (1) If the commissioner determines that an emergency medical  
1400 service organization has failed to comply with the provisions of this  
1401 section or the regulations adopted pursuant to this section, for which a  
1402 civil penalty is authorized by subsection (c) of this section, the  
1403 commissioner may send to an authorized officer or agent of the  
1404 emergency medical service organization, by certified mail, return  
1405 receipt requested, or personally serve upon such officer or agent, a  
1406 notice that includes: (A) A reference to this section or the section or  
1407 sections of the regulations with which the emergency medical service  
1408 organization has failed to comply; (B) a short and plain statement of  
1409 the matters asserted or charged; (C) a statement of the maximum civil  
1410 penalty that may be imposed for such noncompliance; and (D) a  
1411 statement of the party's right to request a hearing to contest the  
1412 imposition of the civil penalty.

1413 (2) An emergency medical service organization may make written  
1414 application for a hearing to contest the imposition of a civil penalty  
1415 pursuant to this section not later than twenty days after the date such  
1416 notice is mailed or served. All hearings under this section shall be  
1417 conducted in accordance with the provisions of chapter 54 of the  
1418 general statutes. If an emergency medical service organization fails to  
1419 request a hearing or fails to appear at the hearing or if, after the  
1420 hearing, the commissioner finds that the emergency medical services  
1421 organization is in noncompliance, the commissioner may, in the  
1422 commissioner's discretion, order a civil penalty to be imposed that is  
1423 not greater than the penalty stated in the notice. The commissioner

1424 shall send a copy of any order issued pursuant to this subsection by  
1425 certified mail, return receipt requested, to the emergency medical  
1426 service organization named in such order.

1427 (e) The commissioner shall adopt regulations, in accordance with  
1428 the provisions of chapter 54 of the general statutes: (1) Establishing  
1429 requirements for a strike contingency plan, that shall include, but need  
1430 not be limited to, a requirement that the plan contain documentation  
1431 that the emergency medical service organization has arranged, in the  
1432 event of a strike, for adequate staffing and security, fuel,  
1433 pharmaceuticals and other essential supplies and services necessary to  
1434 meet the needs of the patient population served by the emergency  
1435 medical service organization; and (2) for purposes of the imposition of  
1436 a civil penalty upon an emergency medical service organization  
1437 pursuant to subsections (c) and (d) of this section.

1438 (f) Such plan shall be deemed a statement of strategy or negotiations  
1439 with respect to collective bargaining for the purpose of subdivision (9)  
1440 of subsection (b) of section 1-210 of the general statutes.

1441 Sec. 26. (NEW) (*Effective October 1, 2014*) (a) The Commissioner of  
1442 Public Health shall develop and implement a plan in circumstances  
1443 where the Governor declares a state of emergency to mobilize state  
1444 emergency medical service assets to aid areas where local emergency  
1445 medical services and ordinary mutual aid resources are overwhelmed.  
1446 Such plan shall be known as the Forward Movement of Patients Plan.  
1447 Such plan shall include, but not be limited to, a procedure for the  
1448 request of resources, authority for plan activation, the typing of  
1449 resources, resource command and control and logistical  
1450 considerations.

1451 (b) Emergency rates established by the commissioner for certified  
1452 emergency medical service, paramedic intercept service, invalid coach  
1453 and temporary transportation needs for a specified event or incident  
1454 shall apply when the emergency medical service organization is  
1455 authorized by the commissioner to function as part of the Forward

1456 Movement of Patients Plan.

1457 Sec. 27. Subsection (a) of section 19a-562a of the general statutes is  
1458 repealed and the following is substituted in lieu thereof (*Effective*  
1459 *October 1, 2014*):

1460 (a) Each nursing home facility that is not a residential care home or  
1461 an Alzheimer's special care unit or program shall (1) annually provide  
1462 a minimum of two hours of training in pain recognition and  
1463 administration of pain management techniques, and (2) provide a  
1464 minimum of one hour of training in oral health and oral hygiene  
1465 techniques not later than one year after the date of hire and subsequent  
1466 training in said techniques annually thereafter, to all licensed and  
1467 registered direct care staff and nurse's aides who provide direct patient  
1468 care to residents.

1469 Sec. 28. Subsection (c) of section 19a-490k of the general statutes is  
1470 repealed and the following is substituted in lieu thereof (*Effective*  
1471 *October 1, 2014*):

1472 (c) A hospital may administer influenza and pneumococcal  
1473 [polysaccharide] vaccines to patients, after an assessment for  
1474 contraindications, without a physician's order, in accordance with a  
1475 physician-approved hospital policy. The Commissioner of Public  
1476 Health shall adopt regulations, in accordance with the provisions of  
1477 chapter 54, to carry out the provisions of this subsection.

1478 Sec. 29. Section 19a-72 of the 2014 supplement to the general statutes  
1479 is repealed and the following is substituted in lieu thereof (*Effective*  
1480 *October 1, 2014*):

1481 (a) As used in this section:

1482 (1) "Clinical laboratory" means any facility or other area used for  
1483 microbiological, serological, chemical, hematological,  
1484 immunohematological, biophysical, cytological, pathological or other  
1485 examinations of human body fluids, secretions, excretions or excised

1486 or exfoliated tissues, for the purpose of providing information for the  
1487 diagnosis, prevention or treatment of any human disease or  
1488 impairment, for the assessment of human health or for the presence of  
1489 drugs, poisons or other toxicological substances;

1490 (2) "Hospital" means an establishment for the lodging, care and  
1491 treatment of persons suffering from disease or other abnormal physical  
1492 or mental conditions and includes inpatient psychiatric services in  
1493 general hospitals;

1494 (3) "Health care provider" means any person or organization that  
1495 furnishes health care services and is licensed or certified to furnish  
1496 such services pursuant to chapters 370, 372, 373, 375, [to 384a,  
1497 inclusive, 388, 398 and 399] 378 and 379 or is licensed or certified  
1498 pursuant to chapter 368d; [and]

1499 (4) "Occupation" means the usual kind of work performed by an  
1500 individual;

1501 (5) "Industry" means the type of business to which an occupation  
1502 relates; and

1503 [(4)] (6) "Reportable tumor" means tumors and conditions included  
1504 in the Connecticut Tumor Registry reportable list maintained by the  
1505 Department of Public Health, as amended from time to time, as  
1506 deemed necessary by the department.

1507 (b) The Department of Public Health shall maintain and operate the  
1508 Connecticut Tumor Registry. Said registry shall include a report of  
1509 every occurrence of a reportable tumor that is diagnosed or treated in  
1510 the state. Such reports shall be made to the department by any  
1511 hospital, clinical laboratory [and] or health care provider in the state.  
1512 Such reports shall include, but not be limited to, pathology reports and  
1513 information obtained from records of any person licensed as a health  
1514 care provider and may include a collection of actual tissue samples  
1515 and such information as the department may prescribe. [Follow-up  
1516 information shall also be contained in the report and] Information



1517 contained in the report shall include, when available: (1) Demographic  
1518 data; (2) occupation and industry of the patient; (3) diagnostic,  
1519 treatment and pathology reports; [(3)] (4) operative reports,  
1520 hematology, medical oncology and radiation therapy consults, or  
1521 abstracts of such reports or consults in a format prescribed by the  
1522 department; and [(4)] (5) other medical information as the department  
1523 may prescribe. Such information shall be reported to the department  
1524 not later than six months after diagnosis or the first encounter for  
1525 treatment of a reportable tumor, in the form and manner prescribed by  
1526 the department and updates of such information shall be reported to  
1527 the department, annually, for the duration of the patient's lifetime.  
1528 [The Commissioner of Public Health shall promulgate a list of required  
1529 data items, which may be amended from time to time.] Such reports  
1530 shall include every occurrence of a reportable tumor that is diagnosed  
1531 or treated during a calendar year.

1532 (c) The Department of Public Health shall be provided such access  
1533 to records of any health care provider, as the department deems  
1534 necessary, to perform case finding or other quality improvement  
1535 audits to ensure completeness of reporting and data accuracy  
1536 consistent with the purposes of this section.

1537 (d) The Department of Public Health may enter into a contract for  
1538 the receipt, storage, holding [and] or maintenance of the data, files or  
1539 tissue samples under its control and management.

1540 (e) The Department of Public Health may enter into reciprocal  
1541 reporting agreements with the appropriate agencies of other states to  
1542 exchange tumor reports.

1543 (f) (1) Failure by a hospital, clinical laboratory or health care  
1544 provider to comply with the reporting requirements prescribed in this  
1545 section may result in the department electing to perform the registry  
1546 services for such hospital, clinical laboratory or provider. In such case,  
1547 the hospital, clinical laboratory or provider shall reimburse the  
1548 department for actual expenses incurred in performing such services.

1549 (2) Any hospital, clinical laboratory or health care provider that fails  
1550 to comply with the provisions of this section shall be liable for a civil  
1551 penalty not to exceed five hundred dollars for each failure to disclose a  
1552 reportable tumor, as determined by the commissioner.

1553 (3) A hospital, clinical laboratory or health care provider that fails to  
1554 report cases of cancer as required in regulations adopted [pursuant to  
1555 section 19a-73 by a date that is not later than nine months after the date  
1556 of first contact with such hospital, clinical laboratory or health care  
1557 provider for diagnosis or treatment] in accordance with the provisions  
1558 of subsection (h) of this section, shall be assessed a civil penalty not to  
1559 exceed two hundred fifty dollars per business day, for each day  
1560 thereafter that the report is not submitted and ordered to comply with  
1561 the terms of this subsection by the Commissioner of Public Health.

1562 (4) The reimbursements, expenses and civil penalties set forth in this  
1563 section shall be assessed only after the Department of Public Health  
1564 [provides a] has provided a hospital, clinical laboratory or health care  
1565 provider with written notice of deficiency and [the provider is  
1566 afforded the opportunity to respond to such notice. A provider shall  
1567 have not more] such hospital, clinical laboratory or health care  
1568 provider has been afforded not less than fourteen business days after  
1569 the date of receiving such notice to provide a written response to the  
1570 department. Such written response shall include any information  
1571 requested by the department.

1572 (g) The Commissioner of Public Health may request that the  
1573 Attorney General initiate an action to collect any civil penalties  
1574 assessed pursuant to this section and obtain such orders as necessary  
1575 to enforce any provision of this section.

1576 (h) The Commissioner of Public Health may adopt regulations, in  
1577 accordance with the provisions of chapter 54, to implement the  
1578 provisions of this section.

1579 Sec. 30. Section 19a-2a of the general statutes is repealed and the

1580 following is substituted in lieu thereof (*Effective October 1, 2014*):

1581 The Commissioner of Public Health shall employ the most efficient  
1582 and practical means for the prevention and suppression of disease and  
1583 shall administer all laws under the jurisdiction of the Department of  
1584 Public Health and the Public Health Code. The commissioner shall  
1585 have responsibility for the overall operation and administration of the  
1586 Department of Public Health. The commissioner shall have the power  
1587 and duty to: (1) Administer, coordinate and direct the operation of the  
1588 department; (2) adopt and enforce regulations, in accordance with  
1589 chapter 54, as are necessary to carry out the purposes of the  
1590 department as established by statute; (3) establish rules for the internal  
1591 operation and administration of the department; (4) establish and  
1592 develop programs and administer services to achieve the purposes of  
1593 the department as established by statute; (5) [contract] enter into a  
1594 contract, including, but not limited to, a contract with another state, for  
1595 facilities, services and programs to implement the purposes of the  
1596 department as established by statute; (6) designate a deputy  
1597 commissioner or other employee of the department to sign any license,  
1598 certificate or permit issued by said department; (7) conduct a hearing,  
1599 issue subpoenas, administer oaths, compel testimony and render a  
1600 final decision in any case when a hearing is required or authorized  
1601 under the provisions of any statute dealing with the Department of  
1602 Public Health; (8) with the health authorities of this and other states,  
1603 secure information and data concerning the prevention and control of  
1604 epidemics and conditions affecting or endangering the public health,  
1605 and compile such information and statistics and shall disseminate  
1606 among health authorities and the people of the state such information  
1607 as may be of value to them; (9) annually issue a list of reportable  
1608 diseases, emergency illnesses and health conditions and a list of  
1609 reportable laboratory findings and amend such lists as the  
1610 commissioner deems necessary and distribute such lists as well as any  
1611 necessary forms to each licensed physician and clinical laboratory in  
1612 this state. The commissioner shall prepare printed forms for reports  
1613 and returns, with such instructions as may be necessary, for the use of

1614 directors of health, boards of health and registrars of vital statistics;  
1615 and (10) specify uniform methods of keeping statistical information by  
1616 public and private agencies, organizations and individuals, including a  
1617 client identifier system, and collect and make available relevant  
1618 statistical information, including the number of persons treated,  
1619 frequency of admission and readmission, and frequency and duration  
1620 of treatment. The client identifier system shall be subject to the  
1621 confidentiality requirements set forth in section 17a-688 and  
1622 regulations adopted thereunder. The commissioner may designate any  
1623 person to perform any of the duties listed in subdivision (7) of this  
1624 section. The commissioner shall have authority over directors of health  
1625 and may, for cause, remove any such director; but any person claiming  
1626 to be aggrieved by such removal may appeal to the Superior Court  
1627 which may affirm or reverse the action of the commissioner as the  
1628 public interest requires. The commissioner shall assist and advise local  
1629 directors of health in the performance of their duties, and may require  
1630 the enforcement of any law, regulation or ordinance relating to public  
1631 health. When requested by local directors of health, the commissioner  
1632 shall consult with them and investigate and advise concerning any  
1633 condition affecting public health within their jurisdiction. The  
1634 commissioner shall investigate nuisances and conditions affecting, or  
1635 that he or she has reason to suspect may affect, the security of life and  
1636 health in any locality and, for that purpose, the commissioner, or any  
1637 person authorized by the commissioner, may enter and examine any  
1638 ground, vehicle, apartment, building or place, and any person  
1639 designated by the commissioner shall have the authority conferred by  
1640 law upon constables. Whenever the commissioner determines that any  
1641 provision of the general statutes or regulation of the Public Health  
1642 Code is not being enforced effectively by a local health department, he  
1643 or she shall forthwith take such measures, including the performance  
1644 of any act required of the local health department, to ensure  
1645 enforcement of such statute or regulation and shall inform the local  
1646 health department of such measures. In September of each year the  
1647 commissioner shall certify to the Secretary of the Office of Policy and  
1648 Management the population of each municipality. The commissioner

1649 may solicit and accept for use any gift of money or property made by  
1650 will or otherwise, and any grant of or contract for money, services or  
1651 property from the federal government, the state, [or] any political  
1652 subdivision thereof, any other state or any private source, and do all  
1653 things necessary to cooperate with the federal government or any of its  
1654 agencies in making an application for any grant or contract. The  
1655 commissioner may establish state-wide and regional advisory councils.

1656 Sec. 31. Section 19a-32 of the general statutes is repealed and the  
1657 following is substituted in lieu thereof (*Effective October 1, 2014*):

1658 The Department of Public Health is authorized to receive, hold and  
1659 use real estate and to receive, hold, invest and disburse money,  
1660 securities, supplies or equipment offered it for the protection and  
1661 preservation of the public health and welfare by the federal  
1662 government, another state or by any person, corporation or  
1663 association, provided such real estate, money, securities, supplies or  
1664 equipment shall be used only for the purposes designated by the  
1665 federal government or such state, person, corporation or association.  
1666 Said department shall include in its annual report an account of the  
1667 property so received, the names of its donors, its location, the use  
1668 made thereof and the amount of unexpended balances on hand.

1669 Sec. 32. Subsection (b) of section 20-10b of the 2014 supplement to  
1670 the general statutes is repealed and the following is substituted in lieu  
1671 thereof (*Effective from passage*):

1672 (b) Except as otherwise provided in subsections (d), (e) and (f) of  
1673 this section, a licensee applying for license renewal shall earn a  
1674 minimum of fifty contact hours of continuing medical education  
1675 within the preceding twenty-four-month period. Such continuing  
1676 medical education shall (1) be in an area of the physician's practice; (2)  
1677 reflect the professional needs of the licensee in order to meet the health  
1678 care needs of the public; and (3) during the first renewal period in  
1679 which continuing medical education is required and not less than once  
1680 every six years thereafter, include at least one contact hour of training

1681 or education in each of the following topics: (A) Infectious diseases,  
1682 including, but not limited to, acquired immune deficiency syndrome  
1683 and human immunodeficiency virus, (B) risk management, (C) sexual  
1684 assault, (D) domestic violence, (E) cultural competency, and (F)  
1685 behavioral health. For purposes of this section, qualifying continuing  
1686 medical education activities include, but are not limited to, courses  
1687 offered or approved by the American Medical Association, American  
1688 Osteopathic Medical Association, Connecticut Hospital Association,  
1689 Connecticut State Medical Society, county medical societies or  
1690 equivalent organizations in another jurisdiction, educational offerings  
1691 sponsored by a hospital or other health care institution or courses  
1692 offered by a regionally accredited academic institution or a state or  
1693 local health department. The commissioner, or the commissioner's  
1694 designee, may grant a waiver for not more than ten contact hours of  
1695 continuing medical education for a physician who: (i) Engages in  
1696 activities related to the physician's service as a member of the  
1697 Connecticut Medical Examining Board, established pursuant to section  
1698 20-8a; (ii) engages in activities related to the physician's service as a  
1699 member of a medical hearing panel, pursuant to section 20-8a; or (iii)  
1700 assists the department with its duties to boards and commissions as  
1701 described in section 19a-14.

1702 Sec. 33. Subsection (a) of section 20-146 of the general statutes is  
1703 repealed and the following is substituted in lieu thereof (*Effective*  
1704 *October 1, 2014*):

1705 (a) Except as provided in section 20-146a, no person shall produce  
1706 or reproduce ophthalmic lenses and similar products or mount the  
1707 same to supporting materials or fit the same by mechanical  
1708 manipulation, molding techniques or other related functions, unless  
1709 such person is licensed by the Department of Public Health. Said  
1710 department may issue license certificates as licensed optician to all  
1711 persons who lawfully apply for the same, upon their submitting to the  
1712 [commission] department an acceptable written application, and after  
1713 they have passed examinations as hereinafter provided: Any person

1714 shall be admitted to take the examinations for a license to practice as a  
1715 licensed optician who has satisfied the department that he or she is a  
1716 person of good professional character, has served as a registered  
1717 apprentice in this state or any other state for not less than four calendar  
1718 years' full-time employment under the supervision of a licensed  
1719 optician in an optical establishment, office, department, store, shop or  
1720 laboratory where prescriptions for optical glasses from given formulas  
1721 have been filled, and has acquired experience in the producing and  
1722 reproducing of ophthalmic lenses, mounting the same to supporting  
1723 materials, of which one year, at least, shall have been acquired within  
1724 the five years last preceding the date of such application and who has  
1725 acquired experience in the fitting of ophthalmic lenses to the eyes by  
1726 mechanical manipulation, molding technique or other related  
1727 functions, of which one year, at least, shall have been acquired within  
1728 the five years last preceding the date of such application, under the  
1729 supervision of a licensed optician. Any person who is licensed to  
1730 perform optical services in any other state or territory with licensure  
1731 requirements similar to or higher than those required in this state shall  
1732 be eligible for licensure without examination. Successful completion of  
1733 a two-year educational program approved by the board with the  
1734 consent of the Commissioner of Public Health may be substituted for  
1735 the four-year work experience requirement.

1736 Sec. 34. Section 20-188 of the general statutes is repealed and the  
1737 following is substituted in lieu thereof (*Effective October 1, 2014*):

1738 Before granting a license to a psychologist, the department shall,  
1739 except as provided in section 20-190, require any applicant therefor to  
1740 pass an examination in psychology prescribed by the department with  
1741 the advice and consent of the board. Each applicant shall pay a fee of  
1742 five hundred sixty-five dollars, and shall satisfy the department that  
1743 such applicant: (1) [has] Has received the doctoral degree based on a  
1744 program of studies whose content was primarily psychological from  
1745 an educational institution approved in accordance with section 20-189;  
1746 and (2) has had at least one year's experience that meets the

1747 requirements established in regulations adopted by the department, in  
1748 consultation with the board, in accordance with the provisions of  
1749 chapter 54. The department shall establish a passing score with the  
1750 consent of the board. Any certificate granted by the board of examiners  
1751 prior to June 24, 1969, shall be deemed a valid license permitting  
1752 continuance of profession subject to the provisions of this chapter. An  
1753 applicant who is licensed or certified as a psychologist in another state,  
1754 territory or commonwealth of the United States may substitute two  
1755 years of licensed or certified work experience in the practice of  
1756 psychology, as defined in section 20-187a, in lieu of the requirements  
1757 of subdivision (2) of this section.

1758 Sec. 35. Section 20-195dd of the general statutes is repealed and the  
1759 following is substituted in lieu thereof (*Effective October 1, 2014*):

1760 (a) Except as provided in subsections (b) and (c) of this section, an  
1761 applicant for a license as a professional counselor shall submit  
1762 evidence satisfactory to the Commissioner of Public Health of having:  
1763 (1) Completed sixty graduate semester hours in or related to the  
1764 discipline of counseling at a regionally accredited institution of higher  
1765 education, which included coursework in each of the following areas:  
1766 (A) Human growth and development, (B) social and cultural  
1767 foundations, (C) counseling theories and techniques or helping  
1768 relationships, (D) group dynamics, (E) processing and counseling, (F)  
1769 career and lifestyle development, (G) appraisals or tests and  
1770 measurements for individuals and groups, (H) research and  
1771 evaluation, and (I) professional orientation to counseling; (2) earned,  
1772 from a regionally accredited institution of higher education a master's  
1773 or doctoral degree in social work, marriage and family therapy,  
1774 counseling, psychology or a related mental health field; (3) acquired  
1775 three thousand hours of postgraduate-degree-supervised experience in  
1776 the practice of professional counseling, performed over a period of not  
1777 less than one year, that included a minimum of one hundred hours of  
1778 direct supervision by (A) a physician licensed pursuant to chapter 370  
1779 who has obtained certification in psychiatry from the American Board



1780 of Psychiatry and Neurology, (B) a psychologist licensed pursuant to  
1781 chapter 383, (C) an advanced practice registered nurse licensed  
1782 pursuant to chapter 378 and certified as a clinical specialist in adult  
1783 psychiatric and mental health nursing with the American Nurses  
1784 Credentialing Center, (D) a marital and family therapist licensed  
1785 pursuant to chapter 383a, (E) a clinical social worker licensed pursuant  
1786 to chapter 383b, (F) a professional counselor licensed, or prior to  
1787 October 1, 1998, eligible for licensure, pursuant to section 20-195cc, or  
1788 (G) a physician certified in psychiatry by the American Board of  
1789 Psychiatry and Neurology, psychologist, advanced practice registered  
1790 nurse certified as a clinical specialist in adult psychiatric and mental  
1791 health nursing with the American Nurses Credentialing Center,  
1792 marital and family therapist, clinical social worker or professional  
1793 counselor licensed or certified as such or as a person entitled to  
1794 perform similar services, under a different designation, in another state  
1795 or jurisdiction whose requirements for practicing in such capacity are  
1796 substantially similar to or higher than those of this state; and (4) passed  
1797 an examination prescribed by the commissioner.

1798 [(b) Prior to December 30, 2001, an applicant for a license as a  
1799 professional counselor may, in lieu of the requirements set forth in  
1800 subsection (a) of this section, submit evidence satisfactory to the  
1801 commissioner of having: (A) Earned at least a thirty-hour master's  
1802 degree, sixth-year degree or doctoral degree from a regionally  
1803 accredited institution of higher education with a major in social work,  
1804 marriage and family therapy, counseling, psychology or forensic  
1805 psychology; (B) practiced professional counseling for a minimum of  
1806 two years within a five-year period immediately preceding  
1807 application; and (C) passed an examination prescribed by the  
1808 commissioner.]

1809 [(c)] (b) An applicant for licensure by endorsement shall present  
1810 evidence satisfactory to the commissioner that the applicant is licensed  
1811 or certified as a professional counselor, or as a person entitled to  
1812 perform similar services under a different designation, in another state

1813 or jurisdiction whose requirements for practicing in such capacity are  
1814 substantially similar to or higher than those of this state and that there  
1815 are no disciplinary actions or unresolved complaints pending.

1816 (c) An applicant who is currently licensed or certified as a  
1817 professional counselor or its equivalent in another state, territory or  
1818 commonwealth of the United States may substitute three years of  
1819 licensed or certified work experience in the practice of professional  
1820 counseling in lieu of the requirements of subdivision (3) of subsection  
1821 (a) of this section, provided the commissioner finds that such  
1822 experience is equal to or greater than the requirements of this state.

1823 Sec. 36. Section 20-195n of the general statutes is repealed and the  
1824 following is substituted in lieu thereof (*Effective October 1, 2014*):

1825 (a) No person shall practice clinical social work unless such person  
1826 has obtained a license pursuant to this section.

1827 (b) An applicant for licensure as a master social worker shall: (1)  
1828 Hold a master's degree from a social work program accredited by the  
1829 Council on Social Work Education or, if educated outside the United  
1830 States or its territories, have completed an educational program  
1831 deemed equivalent by the council; and (2) pass the masters level  
1832 examination of the Association of Social Work Boards or any other  
1833 examination prescribed by the commissioner.

1834 (c) An applicant for licensure as a clinical social worker shall: (1)  
1835 Hold a doctorate or master's degree from a social work program  
1836 accredited by the Council on Social Work Education or, if educated  
1837 outside the United States or its territories, have completed an  
1838 educational program deemed equivalent by the council; (2) have three  
1839 thousand hours post-master's social work experience which shall  
1840 include not less than one hundred hours of work under professional  
1841 supervision by a licensed clinical or certified independent social  
1842 worker, provided on and after October 1, 2011, such hours completed  
1843 in this state shall be as a licensed master social worker; and (3) pass the

1844 clinical level examination of the Association of Social Work Boards or  
1845 any other examination prescribed by the commissioner. On and after  
1846 October 1, 1995, any person certified as an independent social worker  
1847 prior to October 1, 1995, shall be deemed licensed as a clinical social  
1848 worker pursuant to this section, except a person certified as an  
1849 independent social worker on and after October 1, 1990, shall not be  
1850 deemed licensed as a clinical social worker pursuant to this chapter  
1851 unless such person has satisfied the requirements of subdivision (3) of  
1852 this subsection.

1853 (d) Notwithstanding the provisions of subsection (b) of this section,  
1854 the commissioner may grant a license by endorsement to an applicant  
1855 who presents evidence satisfactory to the commissioner that the  
1856 applicant (1) is licensed or certified as a master social worker or clinical  
1857 social worker in good standing in another state or jurisdiction whose  
1858 requirements for practicing in such capacity are substantially similar to  
1859 or higher than those of this state, and (2) has successfully completed  
1860 the master level examination of the Association of Social Work Boards,  
1861 or its successor organization, or any other examination prescribed by  
1862 the commissioner. No license shall be issued under this subsection to  
1863 any applicant against whom professional disciplinary action is  
1864 pending or who is the subject of an unresolved complaint.

1865 (e) Notwithstanding the provisions of subsection (c) of this section,  
1866 the commissioner may grant a license by endorsement to an applicant  
1867 who presents evidence satisfactory to the commissioner that the  
1868 applicant (1) is licensed or certified as a clinical social worker in good  
1869 standing in another state or jurisdiction whose requirements for  
1870 practicing in such capacity are substantially similar to or [higher]  
1871 greater than those of this state, and (2) has successfully completed the  
1872 clinical level examination of the Association of Social Work Boards, or  
1873 its successor organization, or any other examination prescribed by the  
1874 commissioner. No license shall be issued under this subsection to any  
1875 applicant against whom professional disciplinary action is pending or  
1876 who is the subject of an unresolved complaint.

1877        (f) Notwithstanding the provisions of this section, an applicant who  
1878        is licensed or certified as a clinical social worker or its equivalent in  
1879        another state, territory or commonwealth of the United States may  
1880        substitute three years of licensed or certified work experience in the  
1881        practice of clinical social work in lieu of the requirements of  
1882        subdivision (2) of subsection (c) of this section, provided the  
1883        commissioner finds that such experience is equal to or greater than the  
1884        requirements of this state.

1885        Sec. 37. Section 20-252 of the general statutes is repealed and the  
1886        following is substituted in lieu thereof (*Effective from passage*):

1887        No person shall engage in the occupation of registered hairdresser  
1888        and cosmetician without having obtained a license from the  
1889        department. Persons desiring such licenses shall apply in writing on  
1890        forms furnished by the department. No license shall be issued, except a  
1891        renewal of a license, to a registered hairdresser and cosmetician unless  
1892        the applicant has shown to the satisfaction of the department that the  
1893        applicant has complied with the laws and the regulations administered  
1894        or adopted by the department. No applicant shall be licensed as a  
1895        registered hairdresser and cosmetician, except by renewal of a license,  
1896        until the applicant has made written application to the department,  
1897        setting forth by affidavit that the applicant has successfully completed  
1898        the [eighth] ninth grade and that the applicant has completed a course  
1899        of not less than fifteen hundred hours of study in a school approved in  
1900        accordance with the provisions of this chapter, in a school teaching  
1901        hairdressing and cosmetology under the supervision of the State Board  
1902        of Education, or, if trained outside of Connecticut, in a school teaching  
1903        hairdressing and cosmetology whose requirements are equivalent to  
1904        those of a Connecticut school and until the applicant has passed a  
1905        written examination satisfactory to the department. Examinations  
1906        required for licensure under this chapter shall be prescribed by the  
1907        department with the advice and assistance of the board. The  
1908        department shall establish a passing score for examinations with the  
1909        advice and assistance of the board which shall be the same as the

1910 passing score established in section 20-236.

1911 Sec. 38. Section 20-413 of the general statutes is repealed and the  
1912 following is substituted in lieu thereof (*Effective from passage*):

1913 Nothing in this chapter shall be construed as prohibiting:

1914 (1) Consulting with or disseminating research findings and scientific  
1915 information to accredited academic institutions or governmental  
1916 agencies or offering lectures to the public for a fee, monetary or  
1917 otherwise;

1918 (2) The activities and services of a graduate student or speech and  
1919 language pathology intern in speech and language pathology pursuing  
1920 a course of study leading to a graduate degree in speech and language  
1921 pathology at an accredited or approved college or university or a  
1922 clinical training facility approved by the department, provided these  
1923 activities and services constitute a part of his or her supervised course  
1924 of study and that such person is designated as "Speech and Language  
1925 Pathology Intern", "Speech and Language Pathology Trainee", or other  
1926 such title clearly indicating the training status appropriate to [his] the  
1927 level of training;

1928 (3) (A) A person from another state offering speech and language  
1929 pathology services in this state, provided such services are performed  
1930 for no more than five days in any calendar year and provided such  
1931 person meets the qualifications and requirements for licensing in this  
1932 state; or (B) a person from another state who is licensed or certified as a  
1933 speech and language pathologist by a similar authority of another  
1934 state, or territory of the United States, or of a foreign country or  
1935 province whose standards are equivalent to or [higher] greater than, at  
1936 the date of his or her certification or licensure, the requirements of this  
1937 chapter and regulations adopted hereunder, or a person who meets  
1938 such qualifications and requirements and resides in a state or territory  
1939 of the United States, or a foreign country or province which does not  
1940 grant certification or license to speech and language pathologists, from

1941 offering speech and language pathology services in this state for a total  
1942 of not more than thirty days in any calendar year;

1943 (4) The activities and services of a person who meets the  
1944 requirements of subdivisions (1) and (2) of subsection (a) of section 20-  
1945 411, while such person is engaged in full or part-time employment in  
1946 fulfillment of the professional employment requirement of subdivision  
1947 (3) of said subsection (a);

1948 (5) The use of supervised support personnel to assist licensed  
1949 speech and language pathologists with tasks that are (A) designed by  
1950 the licensed speech and language pathologists being assisted, (B)  
1951 routine, and (C) related to maintenance of assistive and prosthetic  
1952 devices, recording and charting or implementation of evaluation or  
1953 intervention plans. For purposes of this subdivision, "supervised"  
1954 means (i) not more than three support personnel are assisting one  
1955 licensed speech and language pathologist, (ii) in-person  
1956 communication between the licensed speech and language pathologist  
1957 and support personnel is available at all times, and (iii) the licensed  
1958 speech and language pathologist provides the support personnel with  
1959 regularly scheduled direct observation, guidance, direction and  
1960 conferencing for not less than thirty per cent of client contact time for  
1961 the support personnel's first ninety workdays and for not less than  
1962 twenty per cent of client contact time thereafter; or

1963 (6) The provision of applied behavior analysis services by a board  
1964 certified behavior analyst or a board certified assistant behavior  
1965 analyst, as such terms are defined in section 20-185i, in accordance  
1966 with section 10-76ii.

1967 Sec. 39. Subsection (a) of section 10a-155b of the general statutes is  
1968 repealed and the following is substituted in lieu thereof (*Effective*  
1969 *January 1, 2015*):

1970 (a) For [the 2002-2003] students who first enroll in the 2014-2015  
1971 school year, and first enroll in each school year thereafter, each public

1972 or private college or university in this state shall require that each  
1973 student who resides in on-campus housing be vaccinated against  
1974 meningitis and submit evidence of having received a meningococcal  
1975 conjugate vaccine not more than five years before enrollment as a  
1976 condition of such residence. The provisions of this subsection shall not  
1977 apply to any such student who (1) presents a certificate from a  
1978 physician, [or] an advanced practice registered nurse or a physician  
1979 assistant stating that, in the opinion of such physician, [or] advanced  
1980 practice registered nurse or physician assistant, such vaccination is  
1981 medically contraindicated because of the physical condition of such  
1982 student, or (2) presents a statement that such vaccination would be  
1983 contrary to the religious beliefs of such student.

1984 Sec. 40. Subdivision (4) of subsection (a) of section 20-74ee of the  
1985 2014 supplement to the general statutes is repealed and the following  
1986 is substituted in lieu thereof (*Effective October 1, 2014*):

1987 (4) Nothing in subsection (c) of section 19a-14, sections 20-74aa to  
1988 20-74cc, inclusive, and this section shall be construed to: [prohibit] (A)  
1989 Prohibit a nuclear medicine technologist, as defined in section 20-74uu,  
1990 who [(A)] (i) has successfully completed the individual certification  
1991 exam for computed tomography or magnetic resonance imaging  
1992 administered by the American Registry of Radiologic Technologists,  
1993 and [(B)] (ii) holds and maintains in good standing, computed  
1994 tomography or magnetic resonance imaging certification by the  
1995 American Registry of Radiologic Technologists, from fully operating a  
1996 computed tomography or magnetic resonance imaging portion of a  
1997 hybrid-fusion imaging system, including diagnostic imaging, in  
1998 conjunction with a positron emission tomography or single-photon  
1999 emission computed tomography imaging system; or (B) require a  
2000 technologist who is certified by the International Society for Clinical  
2001 Densitometry or the American Registry of Radiologic Technologists  
2002 and who operates a bone densitometry system under the supervision,  
2003 control and responsibility of a physician licensed pursuant to chapter  
2004 370, to be licensed as a radiographer.

2005 Sec. 41. Subsection (k) of section 20-126l of the 2014 supplement to  
2006 the general statutes is repealed and the following is substituted in lieu  
2007 thereof (*Effective October 1, 2014*):

2008 (k) A licensee whose license has become void pursuant to section  
2009 19a-88 and who applies to the department for reinstatement of such  
2010 license, shall: (1) [For a license that has been void for two years or less,  
2011 submit] Submit evidence of completion of a minimum of twenty-four  
2012 contact hours of qualifying [continued education] continuing  
2013 education, as described in subsection (g) of this section, during the  
2014 two-year period immediately preceding the application for  
2015 reinstatement; or (2) [for a license that has been void] for an applicant  
2016 who has not been in the active practice of dental hygiene for more than  
2017 two years, submit evidence of successful completion of the National  
2018 Board Dental Hygiene Examination, [or] the North East Regional  
2019 Board of Dental Examiners Examination in Dental Hygiene or a  
2020 refresher course approved by the department during the [year] one-  
2021 year period immediately preceding the application for reinstatement.

2022 Sec. 42. Section 19a-29a of the general statutes is repealed and the  
2023 following is substituted in lieu thereof (*Effective October 1, 2014*):

2024 (a) As used in this section, "environmental laboratory" means any  
2025 facility or other area, including, but not limited to, an outdoor area  
2026 where testing occurs, used for [biological, chemical, physical]  
2027 microbiological, chemical, radiological or other [examination] analyte  
2028 testing of drinking waters, ground waters, sea waters, rivers, streams  
2029 and surface waters, recreational waters, fresh water sources,  
2030 wastewaters, swimming pools, [air] construction, renovation and  
2031 demolition building materials, soil, solid waste, [hazardous waste,  
2032 food, food utensils] animal and plant tissues, sewage, sewage effluent,  
2033 [or] sewage sludge or any other matrix for the purpose of providing  
2034 information on the sanitary quality or the amount of pollution [and] or  
2035 any substance prejudicial to health or the environment. For purposes  
2036 of this section (1) "analyte" means a microbiological, chemical,  
2037 radiological or other component of a matrix being measured by an



2038 analytical test, and (2) "matrix" means the substance or medium in  
2039 which an analyte is contained, that may include drinking water or  
2040 wastewater.

2041 (b) The Department of Public Health shall [, in its Public Health  
2042 Code,] (1) adopt regulations, [and] in accordance with the provisions  
2043 of chapter 54, to establish reasonable standards governing  
2044 environmental laboratory operations and facilities, personnel  
2045 qualifications, [and] certification for testing, levels of acceptable  
2046 proficiency in testing programs approved by the department, the  
2047 collection, acceptance and suitability of samples for analysis and such  
2048 other pertinent laboratory functions, including the establishment of  
2049 advisory committees, as may be necessary to [insure] ensure  
2050 environmental quality, public health and safety, and (2) establish one  
2051 or more schedules of the amounts of civil penalties that may be  
2052 imposed under this section. Each registered environmental laboratory  
2053 shall comply with all standards for environmental laboratories [set  
2054 forth in the Public Health Code] established by the department and  
2055 shall be subject to inspection by said department, including inspection  
2056 of all records necessary to carry out the purposes of this section. The  
2057 Commissioner of Public Health may revoke or otherwise limit the  
2058 license of any environmental laboratory that fails to comply with the  
2059 provisions of this section or regulations adopted under this section.

2060 (c) The Commissioner of Public Health shall determine whether it is  
2061 necessary for the protection of the public health or the environment for  
2062 an environmental laboratory to be registered and to have certification  
2063 to conduct a test for an analyte in a matrix. If the commissioner  
2064 determines that it is necessary for the environmental laboratory to be  
2065 registered, such environmental laboratory shall obtain from the  
2066 commissioner a certification to conduct such tests for analytes. No  
2067 person shall operate, manage or control an environmental laboratory  
2068 that tests for analytes for the purpose of providing information on the  
2069 sanitary quality or the amount of pollution of any substance  
2070 prejudicial to health or the environment for which the commissioner

2071 has determined registration and certification is required without  
2072 having first registered and obtained such certification.

2073 (d) The commissioner shall, annually, publish a list setting forth all  
2074 analytes and matrices for which a certification for testing is required.

2075 ~~[(c)]~~ (e) Each application for registration of an environmental  
2076 laboratory [or application for approval] and for certification for testing  
2077 any analyte shall be made on forms provided by said department, shall  
2078 be accompanied by a fee of one thousand two hundred fifty dollars  
2079 and shall be executed by the owner or owners or by a responsible  
2080 officer [of the] authorized to do so by the agency, firm or corporation  
2081 owning the environmental laboratory. Upon receipt of any such  
2082 application, the department shall make such inspections and  
2083 investigations as are necessary and shall deny registration [or  
2084 approval] when operation of the environmental laboratory would be  
2085 prejudicial to the health of the public. Registration [or approval] shall  
2086 not be in force until notice of its effective date and term has been sent  
2087 to the applicant.

2088 ~~[(d)]~~ (f) Each registration or certificate of approval shall be issued for  
2089 a period of not less than twenty-four or more than twenty-seven  
2090 months from [the] any deadline for applications established by the  
2091 commissioner. Renewal applications shall be made (1) biennially  
2092 within the twenty-fourth month of the current registration; [or  
2093 certificate of approval;] (2) before any change in ownership [or change  
2094 in director] is made; and (3) prior to any major expansion or alteration  
2095 in, or changing of, quarters.

2096 ~~[(e)]~~ (g) This section shall not apply to any environmental laboratory  
2097 [which] that only provides laboratory services or information for the  
2098 agency, person, firm or corporation which owns or operates such  
2099 laboratory. [and the fee required under subsection (c) of this section  
2100 shall not be required of laboratories operated by a state agency.]

2101 (h) If, upon review, investigation or inspection, the Commissioner of

2102 Public Health determines an environmental laboratory has violated  
2103 any provision of this section or regulations adopted under this section,  
2104 the commissioner may impose a civil penalty not to exceed five  
2105 thousand dollars per violation per day and issue such other orders as  
2106 the commissioner determines necessary to protect the public health.  
2107 Upon notice of imposition of the civil penalty, the commissioner shall  
2108 provide the environmental laboratory with an opportunity for a  
2109 hearing. Governmental immunity shall not be a defense against the  
2110 imposition of any civil penalty imposed pursuant to this section. In  
2111 determining the amount of the civil penalty to be imposed on an  
2112 environmental laboratory, the commissioner shall consider the degree  
2113 of the threat to public health or the environment, the amount necessary  
2114 to achieve compliance, and the history of compliance of the  
2115 environmental laboratory. Any order issued under this provision may  
2116 be appealed in accordance with the provisions of section 4-183.

2117 (i) The failure of an environmental laboratory to pay a civil penalty  
2118 imposed by the commissioner shall be grounds for revocation of the  
2119 environmental laboratory's registration and certification for testing.

2120 (j) The commissioner may order an unregistered environmental  
2121 laboratory to cease operations.

2122 (k) The commissioner may request the Attorney General to petition  
2123 the Superior Court for an order to aid in enforcement of any provision  
2124 of this section.

2125 Sec. 43. Section 20-482 of the general statutes is repealed and the  
2126 following is substituted in lieu thereof (*Effective October 1, 2014*):

2127 Any person or entity who knowingly violates any provision of  
2128 sections 20-474 to 20-481, inclusive, and subsections (e) and (f), of  
2129 section 19a-88 or any regulation adopted thereunder, shall be fined not  
2130 more than [one] five thousand dollars per violation per day and be  
2131 subject to disciplinary action pursuant to section 19a-17.

2132 Sec. 44. Subsection (b) of section 20-402 of the general statutes is

2133 repealed and the following is substituted in lieu thereof (*Effective*  
2134 *October 1, 2014*):

2135 (b) (1) Except as provided in subsection (c) of this section, for  
2136 registration periods beginning on and after October 1, 2014, a licensee  
2137 applying for license renewal shall earn not less than sixteen hours of  
2138 continuing education within the preceding twenty-four-month period.  
2139 Such continuing education shall consist of courses offered or approved  
2140 by the [National Board of Certification in Hearing Instrument Sciences]  
2141 International Hearing Society, the American Academy of Audiology or  
2142 the American Speech-Language Hearing Association or such successor  
2143 organizations as may be approved by the Commissioner of Public  
2144 Health.

2145 (2) Each licensee applying for license renewal pursuant to section  
2146 19a-88, except a licensee applying for a license renewal for the first  
2147 time, shall sign a statement attesting that he or she has satisfied the  
2148 continuing education requirements described in subdivision (1) of this  
2149 subsection on a form prescribed by the department. Each licensee shall  
2150 retain records of attendance or certificates of completion that  
2151 demonstrate compliance with the continuing education requirements  
2152 described in subdivision (1) of this subsection for not less than three  
2153 years following the date on which the continuing education was  
2154 completed. Each licensee shall submit such records to the department  
2155 for inspection not later than forty-five days after a request by the  
2156 department for such records.

2157 (3) In individual cases involving medical disability or illness, the  
2158 commissioner may grant a waiver of the continuing education  
2159 requirements or an extension of time within which to fulfill such  
2160 requirements of this subsection to any licensee, provided the licensee  
2161 submits to the department an application for waiver or extension of  
2162 time on a form prescribed by the commissioner, along with a  
2163 certification by a licensed physician of the disability or illness and such  
2164 other documentation as may be required by the department. The  
2165 commissioner may grant a waiver or extension for a period not to

2166 exceed one registration period, except that the commissioner may  
2167 grant additional waivers or extensions if the medical disability or  
2168 illness upon which a waiver or extension is granted continues beyond  
2169 the period of the waiver or extension and the licensee applies for an  
2170 additional waiver or extension.

2171 Sec. 45. Subsection (b) of section 20-9 of the 2014 supplement to the  
2172 general statutes, as amended by section 138 of public act 13-234, is  
2173 repealed and the following is substituted in lieu thereof (*Effective July*  
2174 *1, 2014*):

2175 (b) The provisions of this chapter shall not apply to:

2176 (1) Dentists while practicing dentistry only;

2177 (2) Any person in the employ of the United States government while  
2178 acting in the scope of his employment;

2179 (3) Any person who furnishes medical or surgical assistance in cases  
2180 of sudden emergency;

2181 (4) Any person residing out of this state who is employed to come  
2182 into this state to render temporary assistance to or consult with any  
2183 physician or surgeon who has been licensed in conformity with the  
2184 provisions of this chapter;

2185 (5) Any physician or surgeon residing out of this state who holds a  
2186 current license in good standing in another state and who is employed  
2187 to come into this state to treat, operate or prescribe for any injury,  
2188 deformity, ailment or disease from which the person who employed  
2189 such physician, or the person on behalf of whom such physician is  
2190 employed, is suffering at the time when such nonresident physician or  
2191 surgeon is so employed, provided such physician or surgeon may  
2192 practice in this state without a Connecticut license for a period not to  
2193 exceed thirty consecutive days;

2194 (6) Any person rendering service as (A) an advanced practice

2195 registered nurse if such service is rendered in collaboration with a  
2196 licensed physician, or (B) an advanced practice registered nurse  
2197 maintaining classification from the American Association of Nurse  
2198 Anesthetists if such service is under the direction of a licensed  
2199 physician;

2200 (7) Any nurse-midwife practicing nurse-midwifery in accordance  
2201 with the provisions of chapter 377;

2202 (8) Any podiatrist licensed in accordance with the provisions of  
2203 chapter 375;

2204 (9) Any Christian Science practitioner who does not use or prescribe  
2205 in his practice any drugs, poisons, medicines, chemicals, nostrums or  
2206 surgery;

2207 (10) Any person licensed to practice any of the healing arts named  
2208 in section 20-1, who does not use or prescribe in his practice any drugs,  
2209 medicines, poisons, chemicals, nostrums or surgery;

2210 (11) Any graduate of any school or institution giving instruction in  
2211 the healing arts who has been issued a permit in accordance with  
2212 subsection (a) of section 20-11a and who is serving as an intern,  
2213 resident or medical officer candidate in a hospital;

2214 (12) Any student participating in a clinical clerkship program who  
2215 has the qualifications specified in subsection (b) of section 20-11a;

2216 (13) Any person, otherwise qualified to practice medicine in this  
2217 state except that he is a graduate of a medical school located outside of  
2218 the United States or the Dominion of Canada which school is  
2219 recognized by the American Medical Association or the World Health  
2220 Organization, to whom the Connecticut Medical Examining Board,  
2221 subject to such regulations as the Commissioner of Public Health, with  
2222 advice and assistance from the board, prescribes, has issued a permit  
2223 to serve as an intern or resident in a hospital in this state for the  
2224 purpose of extending his education;

2225 (14) Any person rendering service as a physician assistant licensed  
2226 pursuant to section 20-12b, a registered nurse, a licensed practical  
2227 nurse or a paramedic, as defined in subdivision (15) of section 19a-175,  
2228 as amended by this act, acting within the scope of regulations adopted  
2229 pursuant to section 19a-179, as amended by this act, if such service is  
2230 rendered under the supervision, control and responsibility of a  
2231 licensed physician;

2232 (15) Any student enrolled in an accredited physician assistant  
2233 program or paramedic program approved in accordance with  
2234 regulations adopted pursuant to section 19a-179, as amended by this  
2235 act, who is performing such work as is incidental to his course of  
2236 study;

2237 (16) Any person who, on June 1, 1993, has worked continuously in  
2238 this state since 1979 performing diagnostic radiology services and who,  
2239 as of October 31, 1997, continued to render such services under the  
2240 supervision, control and responsibility of a licensed physician solely  
2241 within the setting where such person was employed on June 1, 1993;

2242 (17) Any person practicing athletic training, as defined in section 20-  
2243 65f;

2244 (18) When deemed by the Connecticut Medical Examining Board to  
2245 be in the public's interest, based on such considerations as academic  
2246 attainments, specialty board certification and years of experience, to a  
2247 foreign physician or surgeon whose professional activities shall be  
2248 confined within the confines of a recognized medical school;

2249 (19) Any technician engaging in tattooing in accordance with the  
2250 provisions of section 20-266o, as amended by this act, or 20-266p and  
2251 any regulations adopted thereunder;

2252 (20) Any person practicing perfusion, as defined in section 20-162aa;  
2253 [or]

2254 (21) Any foreign physician or surgeon (A) participating in

2255 supervised clinical training under the direct supervision and control of  
2256 a physician or surgeon licensed in accordance with the provisions of  
2257 this chapter, and (B) whose professional activities are confined to a  
2258 licensed hospital that has a residency program accredited by the  
2259 Accreditation Council for Graduate Medical Education or that is a  
2260 primary affiliated teaching hospital of a medical school accredited by  
2261 the Liaison Committee on Medical Education. Such hospital shall  
2262 verify that the foreign physician or surgeon holds a current valid  
2263 license in another country; or

2264 (22) Any person practicing as a nuclear medicine technologist, as  
2265 defined in section 20-74uu, while performing under the supervision  
2266 and direction of a physician licensed in accordance with the provisions  
2267 of this chapter.

2268 Sec. 46. Section 20-13c of the general statutes is repealed and the  
2269 following is substituted in lieu thereof (*Effective October 1, 2014*):

2270 The board is authorized to restrict, suspend or revoke the license or  
2271 limit the right to practice of a physician or take any other action in  
2272 accordance with section 19a-17, for any of the following reasons: (1)  
2273 Physical illness or loss of motor skill, including, but not limited to,  
2274 deterioration through the aging process; (2) emotional disorder or  
2275 mental illness; (3) abuse or excessive use of drugs, including alcohol,  
2276 narcotics or chemicals; (4) illegal, incompetent or negligent conduct in  
2277 the practice of medicine; (5) possession, use, prescription for use, or  
2278 distribution of controlled substances or legend drugs, except for  
2279 therapeutic or other medically proper purposes; (6) misrepresentation  
2280 or concealment of a material fact in the obtaining or reinstatement of a  
2281 license to practice medicine; (7) failure to adequately supervise a  
2282 physician assistant; (8) failure to fulfill any obligation resulting from  
2283 participation in the National Health Service Corps; (9) failure to  
2284 maintain professional liability insurance or other indemnity against  
2285 liability for professional malpractice as provided in subsection (a) of  
2286 section 20-11b; (10) failure to provide information requested by the  
2287 department for purposes of completing a health care provider profile,



2288 as required by section 20-13j; (11) engaging in any activity for which  
2289 accreditation is required under section 19a-690 [or 19a-691] without the  
2290 appropriate accreditation required by section 19a-690; [or 19a-691;] (12)  
2291 failure to provide evidence of accreditation required under section 19a-  
2292 690 [or 19a-691] as requested by the department pursuant to section  
2293 19a-690; [or 19a-691;] (13) failure to comply with the continuing  
2294 medical education requirements set forth in section 20-10b, as  
2295 amended by this act; or (14) violation of any provision of this chapter  
2296 or any regulation established hereunder. In each case, the board shall  
2297 consider whether the physician poses a threat, in the practice of  
2298 medicine, to the health and safety of any person. If the board finds that  
2299 the physician poses such a threat, the board shall include such finding  
2300 in its final decision and act to suspend or revoke the license of said  
2301 physician.

2302 Sec. 47. Section 19a-194 of the general statutes is repealed and the  
2303 following is substituted in lieu thereof (*Effective October 1, 2014*):

2304 (a) A motorcycle equipped to handle medical emergencies shall be  
2305 deemed a rescue vehicle. [for the purposes of section 19a-181.] The  
2306 commissioner shall issue a safety certificate to such motorcycle upon  
2307 examination of such vehicle and a determination that such motorcycle  
2308 (1) is in satisfactory mechanical condition, (2) is as safe to operate as  
2309 the average motorcycle, and (3) is equipped with such emergency  
2310 medical equipment as may be required by subsection (b) of this  
2311 section.

2312 (b) The commissioner shall annually issue a list specifying the  
2313 minimum equipment that a motorcycle must carry to operate as a  
2314 rescue vehicle pursuant to this section. Such equipment shall include  
2315 those items that would enable an emergency medical technician,  
2316 paramedic or other individual similarly trained to render to a person  
2317 requiring emergency medical assistance the maximum benefit possible  
2318 from the operation of such motorcycle rescue vehicle.

2319 Sec. 48. Section 20-71 of the general statutes is repealed and the

2320 following is substituted in lieu thereof (*Effective October 1, 2014*):

2321 (a) The Department of Public Health may issue a license to practice  
2322 physical therapy without examination, on payment of a fee of two  
2323 hundred twenty-five dollars, to an applicant who is a physical  
2324 therapist registered or licensed under the laws of any other state or  
2325 territory of the United States, any province of Canada or any other  
2326 country, if the requirements for registration or licensure of physical  
2327 therapists in such state, territory, province or country are deemed by  
2328 the department to be equivalent to, or higher than those prescribed in  
2329 this chapter.

2330 (b) The department may issue a physical therapist assistant license  
2331 without examination, on payment of a fee of one hundred fifty dollars,  
2332 to an applicant who is a physical therapist assistant registered or  
2333 licensed under the laws of any other state or territory of the United  
2334 States, any province of Canada or any other country, if the  
2335 requirements for registration or licensure of physical therapist  
2336 assistants in such state, territory, province or country are deemed by  
2337 the department to be equivalent to, or higher than those prescribed in  
2338 this chapter.

2339 (c) Notwithstanding the provisions of section 20-70, prior to April  
2340 30, 2007, the commissioner may issue a physical therapist assistant  
2341 license to any applicant who presents evidence satisfactory to the  
2342 commissioner of having completed twenty years of employment as a  
2343 physical therapist assistant prior to October 1, 1989, on payment of a  
2344 fee of one hundred fifty dollars.

2345 (d) Notwithstanding the provisions of section 20-70, the  
2346 commissioner may issue a physical therapist assistant license to any  
2347 applicant who presents evidence satisfactory to the commissioner of  
2348 having registered as a physical therapist assistant with the Department  
2349 of Public Health on or before April 1, 2006, on payment of a fee of one  
2350 hundred fifty dollars.

2351       (e) Notwithstanding the provisions of section 20-70, prior to July 1,  
2352       2015, the commissioner may issue a physical therapist assistant license  
2353       to any applicant who presents evidence satisfactory to the  
2354       commissioner of having been eligible to register as a physical therapist  
2355       assistant with the Department of Public Health on or before April 1,  
2356       2006, on payment of a fee of one hundred fifty dollars.

2357       Sec. 49. Section 19a-492d of the general statutes is repealed and the  
2358       following is substituted in lieu thereof (*Effective October 1, 2014*):

2359       On and after October 1, 2007, a nurse who is employed by an agency  
2360       licensed by the Department of Public Health as a home health care  
2361       agency or a homemaker-home health aide agency may administer  
2362       influenza and pneumococcal [polysaccharide] vaccines to persons in  
2363       their homes, after an assessment for contraindications, without a  
2364       physician's order in accordance with a physician-approved agency  
2365       policy that includes an anaphylaxis protocol. In the event of an adverse  
2366       reaction to the vaccine, such nurse may also administer epinephrine or  
2367       other anaphylaxis medication without a physician's order in  
2368       accordance with the physician-approved agency policy. For purposes  
2369       of this section, "nurse" means an advanced practice registered nurse,  
2370       registered nurse or practical nurse licensed under chapter 378.

2371       Sec. 50. Section 19a-193a of the general statutes is repealed and the  
2372       following is substituted in lieu thereof (*Effective October 1, 2014*):

2373       (a) Except as provided in subsection (b) of this section and subject to  
2374       the provisions of sections 19a-177, as amended by this act, 38a-498 and  
2375       38a-525, any person who receives emergency medical treatment  
2376       services or transportation services from a licensed ambulance service,  
2377       [or] certified ambulance service or paramedic intercept service shall be  
2378       liable to such ambulance service for the reasonable and necessary costs  
2379       of providing such services, irrespective of whether such person agreed  
2380       or consented to such liability.

2381       (b) The provisions of this section shall not apply to any person who

2382 receives emergency medical treatment services or transportation  
2383 services from a licensed ambulance service, [or] certified ambulance  
2384 service or paramedic intercept service for an injury arising out of and  
2385 in the course of his employment as defined in section 31-275.

2386 Sec. 51. Subsection (e) of section 14-100a of the general statutes is  
2387 repealed and the following is substituted in lieu thereof (*Effective*  
2388 *October 1, 2014*):

2389 (e) (1) Any person who transports an individual who remains in a  
2390 wheelchair while being transferred into and out of a vehicle, in any  
2391 motor vehicle on the highways of this state, shall provide and require  
2392 the use of a device designed to secure individuals in wheelchairs while  
2393 transferring such individuals from the ground to the vehicle and from  
2394 the time the motor vehicle is brought to a stop until such individuals  
2395 are transferred from the vehicle to the ground. Such device shall be  
2396 located in the motor vehicle at all times. The Commissioner of Motor  
2397 Vehicles may, after consultation with the Departments of  
2398 Transportation and Public Health, establish regulations to implement  
2399 the provisions of this section and sections 13b-105 and 14-102a,  
2400 subsection (d) of section 14-103, subsection (a) of section 14-275 and  
2401 subsection (a) of section 19a-180, as amended by this act.

2402 (2) The following motor vehicles registered in this state for the first  
2403 time on or after October 1, 2007, that transport individuals who remain  
2404 in wheelchairs while being transported, shall, in addition to the  
2405 requirements of subdivision (1) of this subsection, install or provide  
2406 and require the use of a device that secures the wheelchair to the motor  
2407 vehicle's mechanical lift or otherwise prevents or seeks to prevent an  
2408 individual in a wheelchair from falling from such mechanical lift or  
2409 motor vehicle: (A) Motor vehicles in livery service, as defined in  
2410 section 13b-101, (B) service buses, as defined in section 14-1, (C) invalid  
2411 coaches, as defined in subdivision (11) of section 19a-175, as amended  
2412 by this act, (D) vanpool vehicles, as defined in section 14-1, (E) school  
2413 buses, as defined in section 14-1, (F) motor buses, as defined in section  
2414 14-1, (G) student transportation vehicles, as defined in section 14-212,

2415 and (H) camp vehicles, as defined in section 14-1. The provisions of  
2416 this subsection shall also apply to all motor vehicles used by  
2417 municipal, volunteer and commercial ambulance services [,] and  
2418 rescue services, [and management services, as defined in subdivision  
2419 (19) of] as defined in section 19a-175, as amended by this act.

2420 (3) Violation of any provision of this subsection is an infraction.

2421 Sec. 52. Subdivision (3) of subsection (b) of section 20-87a of the  
2422 general statutes, as amended by section 1 of public act 14-12, is  
2423 repealed and the following is substituted in lieu thereof (*Effective July*  
2424 *1, 2014*):

2425 (3) An advanced practice registered nurse having (A) been issued a  
2426 license pursuant to section 20-94a, (B) maintained such license for a  
2427 period of not less than three years, and (C) engaged in the performance  
2428 of advanced practice level nursing activities in collaboration with a  
2429 physician for a period of not less than three years and not less than two  
2430 thousand hours in accordance with the provisions of subdivision (2) of  
2431 this subsection, may, thereafter, alone or in collaboration with a  
2432 physician or another health care provider licensed to practice in this  
2433 state: (i) Perform the acts of diagnosis and treatment of alterations in  
2434 health status, as described in subsection (a) of this section; and (ii)  
2435 prescribe, dispense and administer medical therapeutics and corrective  
2436 measures and dispense drugs in the form of professional samples as  
2437 described in subdivision (2) of this subsection in all settings. Any  
2438 advanced practice registered nurse electing to practice not in  
2439 collaboration with a physician in accordance with the provisions of  
2440 this subdivision shall maintain documentation of having engaged in  
2441 the performance of advanced practice level nursing activities in  
2442 collaboration with a physician for a period of not less than three years  
2443 and not less than two thousand hours. Such advanced practice  
2444 registered nurse shall maintain such documentation for a period of not  
2445 less than three years after completing such requirements and shall  
2446 submit such documentation to the Department of Public Health for  
2447 inspection not later than forty-five days after a request made by the

2448 department for such documentation. Any such advanced practice  
2449 registered nurse shall submit written notice to the Commissioner of  
2450 Public Health of his or her intention to practice without collaboration  
2451 with a physician after completing the requirements described in this  
2452 subdivision and prior to beginning such practice.

2453 Sec. 53. Subsection (b) of section 4 of public act 14-12 is repealed and  
2454 the following is substituted in lieu thereof (*Effective from passage*):

2455 (b) Except as provided in this section, for registration periods  
2456 beginning on and after October 1, 2014, a licensee applying for license  
2457 renewal shall earn a minimum of fifty contact hours of continuing  
2458 education within the preceding twenty-four-month period. Such  
2459 continuing education shall: (1) Be in an area of the advanced practice  
2460 registered nurse's practice; (2) reflect the professional needs of the  
2461 licensee in order to meet the health care needs of the public; [and] (3)  
2462 include at least five contact hours of training or education in  
2463 pharmacotherapeutics; and (4) include at least one contact hour of  
2464 training or education in each of the following topics: (A) Infectious  
2465 diseases, including, but not limited to, acquired immune deficiency  
2466 syndrome and human immunodeficiency virus, (B) risk management,  
2467 (C) sexual assault, (D) domestic violence, (E) cultural competency, and  
2468 (F) substance abuse. For purposes of this section, qualifying continuing  
2469 education activities include, but are not limited to, courses, including  
2470 on-line courses, offered or approved by the American Nurses  
2471 Association, Connecticut Hospital Association, Connecticut Nurses  
2472 Association, Connecticut League for Nursing, a specialty nursing  
2473 society or an equivalent organization in another jurisdiction, an  
2474 educational offering sponsored by a hospital or other health care  
2475 institution or a course offered by a regionally accredited academic  
2476 institution or a state or local health department. The commissioner  
2477 may grant a waiver of not more than ten contact hours of continuing  
2478 education for an advanced practice registered nurse who: [(A)] (i)  
2479 Engages in activities related to the advanced practice registered nurse's  
2480 service as a member of the Connecticut State Board of Examiners for

2481 Nursing, established pursuant to section 20-88 of the general statutes;  
2482 or [(B)] (ii) assists the department with its duties to boards and  
2483 commissions as described in section 19a-14 of the general statutes.

2484 Sec. 54. (NEW) (*Effective October 1, 2014*) Any person engaged in the  
2485 business of funeral directing and any funeral director, as such terms  
2486 are defined in section 20-207 of the general statutes, as amended by  
2487 this act, may serve nonalcoholic beverages and packaged food, as  
2488 defined in section 21a-151 of the general statutes, to a person at the  
2489 time he or she is making funeral arrangements or arranging for  
2490 disposition of a dead human body at a funeral home.

2491 Sec. 55. Subdivision (3) of section 20-207 of the general statutes is  
2492 repealed and the following is substituted in lieu thereof (*Effective*  
2493 *October 1, 2014*):

2494 (3) "Funeral directing" means the business, practice or profession, as  
2495 commonly practiced, of (A) directing or supervising funerals, or  
2496 providing funeral services; (B) handling or encasing or providing  
2497 services for handling and encasing dead human bodies, otherwise than  
2498 by embalming, for burial or disposal; (C) providing embalming  
2499 services; (D) providing transportation, interment and disinterment of  
2500 dead human bodies; (E) maintaining an establishment so located,  
2501 constructed and equipped as to permit the decent and sanitary  
2502 handling of dead human bodies, with suitable equipment in such  
2503 establishment for such handling; [and] (F) conducting an establishment  
2504 from which funerals may be held; (G) engaging in consultations  
2505 concerning arrangements for the disposition of human remains,  
2506 including, but not limited to, arrangements for cremation or alkaline  
2507 hydrolysis; (H) casketing human remains; (I) making cemetery and  
2508 cremation arrangements; and (J) preparing funeral service contracts, as  
2509 defined in section 42-200;

2510 Sec. 56. (NEW) (*Effective October 1, 2014*) (a) Except as provided in  
2511 subsection (e) of this section, for registration periods beginning on and  
2512 after October 1, 2014, each psychologist licensed in accordance with

chapter 383 of the general statutes shall complete a minimum of ten hours of continuing education during each registration period. For purposes of this section, "registration period" means the twelve-month period for which a license has been renewed in accordance with the provisions of section 19a-88 of the general statutes and is current and valid.

(b) Qualifying continuing education activities shall be related to the practice of psychology and shall include courses, seminars, workshops, conferences and postdoctoral institutes offered or approved by: (1) The American Psychological Association; (2) a regionally accredited institution of higher education graduate program; (3) a nationally recognized provider of continuing education seminars; (4) the Department of Mental Health and Addiction Services; or (5) a behavioral science organization that is professionally or scientifically recognized. Not more than five continuing education units during each registration period shall be completed via the Internet, distance learning or home study. Qualifying continuing education activities may include a licensee's research-based presentation at a professional conference, provided not more than five continuing education units during each registration period shall be completed by such activities. A licensee who has earned a diploma from the American Board of Professional Psychology during the registration period may substitute the diploma for continuing education requirements for such registration period. For purposes of this section, "continuing education unit" means fifty to sixty minutes of participation in accredited continuing professional education.

(c) Each licensee shall obtain a certificate of completion from a provider of continuing education for all continuing education activities that are successfully completed and shall retain such certificate for not less than three years after the license renewal date for which the continuing education activity was completed. Upon the request of the Commissioner of Public Health a licensee shall submit such certificate to the Department of Public Health. A licensee who fails to comply



2546 with the continuing education requirements prescribed in this section  
2547 may be subject to disciplinary action pursuant to section 20-192 of the  
2548 general statutes.

2549 (d) A licensee applying for license renewal for the first time shall be  
2550 exempt from the continuing education requirements under subsection  
2551 (a) of this section. In individual cases involving medical disability or  
2552 illness, the Commissioner of Public Health may grant a waiver of the  
2553 continuing education requirements or an extension of time within  
2554 which to fulfill the continuing education requirements of this section to  
2555 any licensee, provided the licensee submits to the department an  
2556 application for waiver or extension of time on a form prescribed by the  
2557 commissioner, along with a certification by a licensed physician of the  
2558 disability or illness and such other documentation as may be required  
2559 by the commissioner. The commissioner may grant a waiver or  
2560 extension for a period not to exceed one registration period, except the  
2561 commissioner may grant additional waivers or extensions if the  
2562 medical disability or illness upon which a waiver or extension is  
2563 granted continues beyond the period of the waiver or extension and  
2564 the licensee applies for an additional waiver or extension. The  
2565 commissioner may grant a waiver of the continuing education  
2566 requirements to a licensee who is not engaged in active professional  
2567 practice, in any form, during a registration period, provided the  
2568 licensee submits a notarized application on a form prescribed by the  
2569 commissioner prior to the end of the registration period. A licensee  
2570 who is granted a waiver under the provisions of this subsection may  
2571 not engage in professional practice until the licensee has met the  
2572 continuing education requirements of this section.

2573 (e) Any licensee granted a waiver of the continuing education  
2574 requirements pursuant to the provisions of subsection (d) of this  
2575 section shall be required to complete five hours of continuing  
2576 education not later than six months after the date on which such  
2577 licensee returns to active practice. In addition, such licensee shall  
2578 comply with the certificate of completion requirements prescribed in

2579 subsection (c) of this section.

2580 (f) Any licensee whose license has become void pursuant to section  
2581 19a-88 of the general statutes for one year or more and who applies to  
2582 the department for reinstatement of such license pursuant to section  
2583 19a-14 of the general statutes shall submit with such application  
2584 evidence documenting that such applicant has successfully completed  
2585 ten hours of continuing education within the one-year period  
2586 immediately preceding the date of application for reinstatement.

2587 (g) The commissioner may accept continuing education activities  
2588 completed by a licensee in another state or country to meet the  
2589 requirements of this section.

2590 Sec. 57. Subsection (d) of section 20-195c of the 2014 supplement to  
2591 the general statutes is repealed and the following is substituted in lieu  
2592 thereof (*Effective October 1, 2014*):

2593 (d) Notwithstanding the provisions of this section, an applicant who  
2594 is currently licensed or certified as a marital or marriage and family  
2595 therapist in another state, territory or commonwealth of the United  
2596 States that does not maintain standards for licensure or certification  
2597 that are equivalent to or higher than the standards in this state may  
2598 substitute [five] three years of licensed or certified work experience in  
2599 the practice of marital and family therapy, as defined in section 20-  
2600 195a, in lieu of the requirements of subdivisions (2) and (3) of  
2601 subsection (a) of this section.

2602 Sec. 58. Subsection (b) of section 20-7c of the general statutes is  
2603 repealed and the following is substituted in lieu thereof (*Effective*  
2604 *October 1, 2014*):

2605 (b) Except as provided for in subsection (e) of this section, a  
2606 provider shall (1) supply to a patient upon request complete and  
2607 current information possessed by that provider concerning any  
2608 diagnosis, treatment and prognosis of the patient, and (2) notify a  
2609 patient of any test results in the provider's possession or requested by

2610 the provider for the purposes of diagnosis, treatment or prognosis of  
2611 such patient. In addition, upon the request of a patient or a provider  
2612 who orders medical tests on behalf of a patient, a clinical laboratory  
2613 shall provide medical test results relating to the patient to (A) the  
2614 patient, or (B) any other provider who is treating the patient for the  
2615 purposes of diagnosis, treatment or prognosis of such patient.

2616 Sec. 59. Subsections (a) to (c), inclusive, of section 19a-6n of the 2014  
2617 supplement to the general statutes are repealed and the following is  
2618 substituted in lieu thereof (*Effective October 1, 2014*):

2619 (a) There is established an advisory council on pediatric  
2620 autoimmune neuropsychiatric disorder associated with streptococcal  
2621 infections and pediatric acute neuropsychiatric syndrome to advise the  
2622 Commissioner of Public Health on research, diagnosis, treatment and  
2623 education relating to said disorder and syndrome.

2624 (b) The advisory council shall consist of the following members,  
2625 who shall be appointed by the Commissioner of Public Health:

2626 (1) An immunologist licensed and practicing in the state who has  
2627 experience treating persons with pediatric autoimmune  
2628 neuropsychiatric disorder associated with streptococcal infections and  
2629 pediatric acute neuropsychiatric syndrome and the use of intravenous  
2630 immunoglobulin;

2631 (2) A health care provider licensed and practicing in the state who  
2632 has expertise in treating persons with pediatric autoimmune  
2633 neuropsychiatric disorder associated with streptococcal infections and  
2634 pediatric acute neuropsychiatric syndrome and autism;

2635 (3) A representative of the Connecticut branch of the P.A.N.D.A.S.  
2636 Resource Network;

2637 (4) An osteopathic physician licensed and practicing in the state  
2638 who has experience treating persons with pediatric autoimmune  
2639 neuropsychiatric disorder associated with streptococcal infections and

2640 pediatric acute neuropsychiatric syndrome;

2641 (5) A health care provider licensed and practicing in the state who  
2642 has expertise in treating persons with Lyme disease and other tick-  
2643 borne illnesses;

2644 (6) A medical researcher with experience conducting research  
2645 concerning pediatric autoimmune neuropsychiatric disorder  
2646 associated with streptococcal infections, pediatric acute  
2647 neuropsychiatric syndrome, obsessive-compulsive disorder, tic  
2648 disorder and other neurological disorders;

2649 (7) A certified dietitian-nutritionist practicing in the state who  
2650 provides services to children with autism spectrum disorder, attention-  
2651 deficit hyperactivity disorder and other neuro-developmental  
2652 conditions;

2653 (8) A representative of a professional organization in the state for  
2654 school psychologists;

2655 (9) A child psychiatrist who has experience treating persons with  
2656 pediatric autoimmune neuropsychiatric disorder associated with  
2657 streptococcal infections and pediatric acute neuropsychiatric  
2658 syndrome;

2659 (10) A representative of a professional organization in the state for  
2660 school nurses;

2661 (11) A pediatrician who has experience treating persons with  
2662 pediatric autoimmune neuropsychiatric disorder associated with  
2663 streptococcal infections and pediatric acute neuropsychiatric  
2664 syndrome;

2665 (12) A representative of an organization focused on autism;

2666 (13) A parent with a child who has been diagnosed with pediatric  
2667 autoimmune neuropsychiatric disorder associated with streptococcal

2668 infections or pediatric acute neuropsychiatric syndrome and autism;  
2669 and

2670 (14) A social worker licensed and practicing in the state.

2671 (c) A representative of the Department of Education Bureau of  
2672 Special Education shall be a member and the chairpersons of the joint  
2673 standing committee of the General Assembly having cognizance of  
2674 matters relating to public health, or the chairpersons' designees, shall  
2675 be members of the [task force] advisory council.

2676 Sec. 60. Section 19a-551 of the 2014 supplement to the general  
2677 statutes is repealed and the following is substituted in lieu thereof  
2678 (*Effective October 1, 2014*):

2679 Each nursing home facility shall: (1) On or before the admission of  
2680 each patient provide such patient or such patient's legally liable  
2681 relative, guardian or conservator with a written statement explaining  
2682 such patient's rights regarding the patient's personal funds and listing  
2683 the charges that may be deducted from such funds. Such statement  
2684 shall explain that the nursing home facility shall on and after October  
2685 1, 1992, pay interest at a rate not less than four per cent per annum and  
2686 on and after October 1, 1994, pay interest at a rate not less than five  
2687 and one-half per cent per annum on any security deposit or other  
2688 advance payment required of such patient prior to admission to the  
2689 nursing home facility. In the case of patients receiving benefits under  
2690 Title XVIII or XIX of the federal Social Security Act the statement shall  
2691 include a list of charges not covered by said titles and not covered by  
2692 the basic per diem rate provided by said titles. Upon delivery of such  
2693 statement the person in charge of the nursing home facility shall obtain  
2694 a signed receipt acknowledging such delivery; (2) upon written  
2695 consent or request of the patient or the patient's legally liable relative,  
2696 guardian or conservator, manage such patient's personal funds,  
2697 provided such consent by a patient shall not be effective unless  
2698 cosigned by the patient's legally liable relative or guardian if such  
2699 patient has been determined by a physician to be mentally incapable of

2700 understanding and no conservator has been appointed. As manager of  
2701 such personal funds the nursing home facility shall: (A) Either  
2702 maintain separate accounts for each patient or maintain an aggregate  
2703 trust account for patients' funds to prevent commingling the personal  
2704 funds of patients with the funds of such facility. Such facility shall  
2705 notify in writing each patient receiving Medicaid assistance or such  
2706 patient's legally liable relative, guardian or conservator when the  
2707 amount in the patient's account reaches two hundred dollars less than  
2708 the dollar amount determined under the Medicaid program as the  
2709 maximum for eligibility under the program and advise the patient or  
2710 such patient's legally liable relative, guardian or conservator that if the  
2711 amount in the account plus the value of the patient's other nonexempt  
2712 resources reaches the maximum the patient may lose his or her  
2713 Medicaid eligibility; (B) obtain signed receipts for each expenditure  
2714 from each patient's personal funds; (C) maintain an individual  
2715 itemized record of income and expenditures for each patient, including  
2716 quarterly accountings; and (D) permit the patient or the patient's  
2717 legally liable relative, guardian or conservator, and the regional long-  
2718 term care ombudsman, and representatives from the Departments of  
2719 Social Services and Public Health, access to such record; and (3) (A)  
2720 refund any overpayment or deposit from a former patient or such  
2721 patient's legally liable relative, guardian or conservator not later than  
2722 thirty days after the patient's discharge and (B) refund any deposit  
2723 from an individual planning to be admitted to such facility not later  
2724 than thirty days [of] after receipt of written notification that the  
2725 individual is no longer planning to be admitted. A refund issued after  
2726 thirty days shall include interest at a rate of ten per cent per annum.  
2727 For the purposes of this section "deposit" shall include liquidated  
2728 damages under any contract for pending admission.

2729 Sec. 61. Subsection (a) of section 20-101a of the 2014 supplement to  
2730 the general statutes is repealed and the following is substituted in lieu  
2731 thereof (*Effective October 1, 2014*):

2732 (a) A registered nurse, licensed under this chapter, in charge in a

2733 hospice, nursing home facility, as defined in section 19a-521, or  
2734 residential care home, as defined in section 19a-521, or a registered  
2735 nurse, licensed under this chapter or a registered nurse employed by a  
2736 home health care agency licensed by the state of Connecticut, in a  
2737 home or residence may make the actual determination and  
2738 pronouncement of death of a patient provided that the following  
2739 conditions are satisfied: (1) The death is an anticipated death; (2) the  
2740 registered nurse attests to such pronouncement on the certificate of  
2741 death; and (3) the registered nurse, an advanced practice registered  
2742 nurse licensed under this chapter, or a physician licensed under  
2743 chapter 370 certifies the death and signs the certificate of death not  
2744 later than twenty-four hours after the pronouncement.

2745 Sec. 62. Subsection (d) of section 5-259d of the 2014 supplement to  
2746 the general statutes is repealed and the following is substituted in lieu  
2747 thereof (*Effective July 1, 2014*):

2748 (d) No state employee shall be deemed ineligible for any benefit  
2749 under this section or under any other provision of this chapter solely  
2750 because such employee's leave time is classified as recess or other  
2751 equivalent leave time rather than vacation time pursuant to the  
2752 provisions of a collective bargaining agreement, including a collective  
2753 bargaining agreement covering a state employee in a teaching,  
2754 instructional or professional position in Unified School District #1 [ ] or  
2755 #2 or, prior to July 1, 2014, Unified School District #3.

2756 Sec. 63. Section 10-15d of the general statutes is repealed and the  
2757 following is substituted in lieu thereof (*Effective July 1, 2014*):

2758 For the fiscal year beginning July 1, 1987, and annually thereafter,  
2759 all provisions of the general statutes concerning education, except  
2760 those provisions relating to the eligibility for noncompetitive state aid  
2761 unless otherwise provided, shall apply to the operation of the State of  
2762 Connecticut-Unified School District #2 established pursuant to section  
2763 17a-37 within the Department of Children and Families [ ] and State of  
2764 Connecticut-Unified School District #1 established pursuant to section

2765 18-99a within the Department of Correction. [and State of Connecticut-  
2766 Unified School District #3 established pursuant to section 17a-240  
2767 within the Department of Developmental Services.] All provisions of  
2768 the general statutes concerning education, except those provisions  
2769 relating to the eligibility for state aid unless otherwise provided, shall  
2770 apply to the operation of the technical high schools established  
2771 pursuant to the provisions of section 10-95. Notwithstanding the  
2772 provisions of this section, where such a school or school district shows  
2773 that a particular statutory provision should not apply, the  
2774 commissioner may grant an exception.

2775 Sec. 64. Subdivisions (2) and (3) of subsection (e) of section 10-76d of  
2776 the 2014 supplement to the general statutes are repealed and the  
2777 following is substituted in lieu thereof (*Effective July 1, 2014*):

2778 (2) For purposes of this subdivision, "public agency" includes the  
2779 offices of a government of a federally recognized Native American  
2780 tribe. Notwithstanding any other provisions of the general statutes, for  
2781 the fiscal year ending June 30, 1987, and each fiscal year thereafter,  
2782 whenever a public agency, other than a local or regional board of  
2783 education, the State Board of Education or the Superior Court acting  
2784 pursuant to section 10-76h, places a child in a foster home, group  
2785 home, hospital, state institution, receiving home, custodial institution  
2786 or any other residential or day treatment facility, and such child  
2787 requires special education, the local or regional board of education  
2788 under whose jurisdiction the child would otherwise be attending  
2789 school or, if no such board can be identified, the local or regional board  
2790 of education of the town where the child is placed, shall provide the  
2791 requisite special education and related services to such child in  
2792 accordance with the provisions of this section. Within one business day  
2793 of such a placement by the Department of Children and Families or  
2794 offices of a government of a federally recognized Native American  
2795 tribe, said department or offices shall orally notify the local or regional  
2796 board of education responsible for providing special education and  
2797 related services to such child of such placement. The department or



2798 offices shall provide written notification to such board of such  
2799 placement within two business days of the placement. Such local or  
2800 regional board of education shall convene a planning and placement  
2801 team meeting for such child within thirty days of the placement and  
2802 shall invite a representative of the Department of Children and  
2803 Families or offices of a government of a federally recognized Native  
2804 American tribe to participate in such meeting. (A) The local or regional  
2805 board of education under whose jurisdiction such child would  
2806 otherwise be attending school shall be financially responsible for the  
2807 reasonable costs of such special education and related services in an  
2808 amount equal to the lesser of one hundred per cent of the costs of such  
2809 education or the average per pupil educational costs of such board of  
2810 education for the prior fiscal year, determined in accordance with the  
2811 provisions of subsection (a) of section 10-76f. The State Board of  
2812 Education shall pay on a current basis, except as provided in  
2813 subdivision (3) of this subsection, any costs in excess of such local or  
2814 regional board's basic contributions paid by such board of education in  
2815 accordance with the provisions of this subdivision. (B) Whenever a  
2816 child is placed pursuant to this subdivision, on or after July 1, 1995, by  
2817 the Department of Children and Families and the local or regional  
2818 board of education under whose jurisdiction such child would  
2819 otherwise be attending school cannot be identified, the local or  
2820 regional board of education under whose jurisdiction the child  
2821 attended school or in whose district the child resided at the time of  
2822 removal from the home by said department shall be responsible for the  
2823 reasonable costs of special education and related services provided to  
2824 such child, for one calendar year or until the child is committed to the  
2825 state pursuant to section 46b-129 or 46b-140 or is returned to the child's  
2826 parent or guardian, whichever is earlier. If the child remains in such  
2827 placement beyond one calendar year the Department of Children and  
2828 Families shall be responsible for such costs. During the period the local  
2829 or regional board of education is responsible for the reasonable cost of  
2830 special education and related services pursuant to this subparagraph,  
2831 the board shall be responsible for such costs in an amount equal to the  
2832 lesser of one hundred per cent of the costs of such education and

2833 related services or the average per pupil educational costs of such  
2834 board of education for the prior fiscal year, determined in accordance  
2835 with the provisions of subsection (a) of section 10-76f. The State Board  
2836 of Education shall pay on a current basis, except as provided in  
2837 subdivision (3) of this subsection, any costs in excess of such local or  
2838 regional board's basic contributions paid by such board of education in  
2839 accordance with the provisions of this subdivision. The costs for  
2840 services other than educational shall be paid by the state agency which  
2841 placed the child. The provisions of this subdivision shall not apply to  
2842 the school districts established within the Department of Children and  
2843 Families, pursuant to section 17a-37 [,] or the Department of  
2844 Correction, pursuant to section 18-99a, [or the Department of  
2845 Developmental Services, pursuant to section 17a-240,] provided in any  
2846 case in which special education is being provided at a private  
2847 residential institution, including the residential components of regional  
2848 educational service centers, to a child for whom no local or regional  
2849 board of education can be found responsible under subsection (b) of  
2850 this section, Unified School District #2 shall provide the special  
2851 education and related services and be financially responsible for the  
2852 reasonable costs of such special education instruction for such  
2853 children. Notwithstanding the provisions of this subdivision, for the  
2854 fiscal years ending June 30, 2004, to June 30, 2007, inclusive, and for the  
2855 fiscal years ending June 30, 2010, to June 30, 2015, inclusive, the  
2856 amount of the grants payable to local or regional boards of education  
2857 in accordance with this subdivision shall be reduced proportionately if  
2858 the total of such grants in such year exceeds the amount appropriated  
2859 for the purposes of this subdivision for such year.

2860 (3) Payment for children who require special education and who  
2861 reside on state-owned or leased property, and who are not the  
2862 educational responsibility of the unified school districts established  
2863 pursuant to section 17a-37 [, section 17a-240] or section 18-99a, shall be  
2864 made in the following manner: The State Board of Education shall pay  
2865 to the school district which is responsible for providing instruction for  
2866 each such child pursuant to the provisions of this subsection one

2867 hundred per cent of the reasonable costs of such instruction. In the  
2868 fiscal year following such payment, the State Board of Education shall  
2869 deduct from the special education grant due the local or regional board  
2870 of education under whose jurisdiction the child would otherwise be  
2871 attending school, where such board has been identified, the amount  
2872 for which such board would otherwise have been financially  
2873 responsible pursuant to the provisions of subdivision (2) of this  
2874 subsection. No such deduction shall be made for any school district  
2875 which is responsible for providing special education instruction for  
2876 children whose parents or legal guardians do not reside within such  
2877 district. The amount deducted shall be included as a net cost of special  
2878 education by the Department of Education for purposes of the state's  
2879 special education grant calculated pursuant to section 10-76g, as  
2880 amended by this act. Notwithstanding the provisions of this  
2881 subdivision, for the fiscal years ending June 30, 2004, and June 30,  
2882 2005, and for the fiscal years ending June 30, 2012, and June 30, 2013,  
2883 the amount of the grants payable to local or regional boards of  
2884 education in accordance with this subdivision shall be reduced  
2885 proportionately if the total of such grants in such year exceeds the  
2886 amount appropriated for the purposes of this subdivision for such  
2887 year.

2888 Sec. 65. Subsection (b) of section 10-76g of the 2014 supplement to  
2889 the general statutes is repealed and the following is substituted in lieu  
2890 thereof (*Effective July 1, 2014*):

2891 (b) Any local or regional board of education which provides special  
2892 education pursuant to the provisions of sections 10-76a to 10-76g,  
2893 inclusive, as amended by this act, for any exceptional child described  
2894 in subparagraph (A) of subdivision (5) of section 10-76a, under its  
2895 jurisdiction, excluding (1) children placed by a state agency for whom  
2896 a board of education receives payment pursuant to the provisions of  
2897 subdivision (2) of subsection (e) of section 10-76d, as amended by this  
2898 act, and (2) children who require special education, who reside on  
2899 state-owned or leased property, and who are not the educational

responsibility of the unified school districts established pursuant to sections 17a-37 [ , 17a-240] and 18-99a, shall be financially responsible for the reasonable costs of special education instruction, as defined in the regulations of the State Board of Education, in an amount equal to (A) for any fiscal year commencing prior to July 1, 2005, five times the average per pupil educational costs of such board of education for the prior fiscal year, determined in accordance with the provisions of subsection (a) of section 10-76f, and (B) for the fiscal year commencing July 1, 2005, and each fiscal year thereafter, four and one-half times such average per pupil educational costs of such board of education. The State Board of Education shall pay on a current basis any costs in excess of the local or regional board's basic contribution paid by such board in accordance with the provisions of this subsection. Any amounts paid by the State Board of Education on a current basis pursuant to this subsection shall not be reimbursable in the subsequent year. Application for such grant shall be made by filing with the Department of Education, in such manner as prescribed by the commissioner, annually on or before December first a statement of the cost of providing special education pursuant to this subsection, provided a board of education may submit, not later than March first, claims for additional children or costs not included in the December filing. Payment by the state for such excess costs shall be made to the local or regional board of education as follows: Seventy-five per cent of the cost in February and the balance in May. The amount due each town pursuant to the provisions of this subsection shall be paid to the treasurer of each town entitled to such aid, provided the treasurer shall treat such grant, or a portion of the grant, which relates to special education expenditures incurred in excess of such town's board of education budgeted estimate of such expenditures, as a reduction in expenditures by crediting such expenditure account, rather than town revenue. Such expenditure account shall be so credited no later than thirty days after receipt by the treasurer of necessary documentation from the board of education indicating the amount of such special education expenditures incurred in excess of such town's board of education budgeted estimate of such expenditures.

2935 Sec. 66. Section 17a-224 of the general statutes is repealed and the  
2936 following is substituted in lieu thereof (*Effective July 1, 2014*):

2937 The department may administer the residential facility revolving  
2938 loan program through (1) a purchase-of-service contract with any  
2939 state-wide private nonprofit housing development corporation [which]  
2940 that is organized for the purpose of expanding independent living  
2941 opportunities for persons with disabilities, or (2) a memorandum of  
2942 understanding with the Connecticut Housing Finance Authority  
2943 established pursuant to section 8-244.

2944 Sec. 67. Section 1 of substitute senate bill 413 of the current session is  
2945 repealed and the following is substituted in lieu thereof (*Effective from*  
2946 *passage*):

2947 (a) The Commissioner of Public Health may, within available  
2948 appropriations, establish a pilot program in one or more geographic  
2949 areas in the state to implement the use of medical orders for life-  
2950 sustaining treatment by health care providers. For purposes of this  
2951 section: (1) "Medical order for life-sustaining treatment" means a  
2952 written medical order by a physician, advanced practice registered  
2953 nurse or physician assistant to effectuate a patient's request for life-  
2954 sustaining treatment when the patient has been determined by a  
2955 physician to be approaching the end stage of a serious, life-limiting  
2956 illness or is in a condition of advanced, chronic progressive frailty;  
2957 [and] (2) "health care provider" means any person, corporation, limited  
2958 liability company, facility or institution operated, owned or licensed by  
2959 this state to provide health care or professional medical services, or an  
2960 officer, employee or agent thereof acting in the course and scope of his  
2961 or her employment; and (3) "legally authorized representative" means  
2962 a patient's parent, guardian or health care representative appointed in  
2963 accordance with sections 19a-576 and 19a-577 of the general statutes.

2964 (b) The Commissioner of Public Health may establish an advisory  
2965 group of health care providers and consumer advocates to make  
2966 recommendations concerning the pilot program described in this

2967 section. The members of such advisory group may include one or  
2968 more: (1) Physicians; (2) advanced practice registered nurses; (3)  
2969 physician assistants; (4) emergency medical service providers; (5)  
2970 patient advocates, including, but not limited to, advocates for persons  
2971 with disabilities; (6) hospital representatives; or (7) long-term care  
2972 facility representatives.

2973 (c) Prior to commencement of the pilot program pursuant to this  
2974 section, said commissioner may contact a representative of each health  
2975 care institution, as defined in section 19a-490 of the general statutes, a  
2976 representative of each emergency medical service organization, as  
2977 defined in section 19a-175 of the general statutes, any physician  
2978 licensed under chapter 370 of the general statutes, any advanced  
2979 practice registered nurse licensed under chapter 378 of the general  
2980 statutes and any physician assistant licensed under chapter 370 of the  
2981 general statutes in the geographic area in which the commissioner  
2982 intends to establish the pilot program to request such institution's,  
2983 organization's, physician's, advanced practice registered nurse's or  
2984 physician assistant's participation in the pilot program. Participation  
2985 by each institution, organization, physician, advanced practice  
2986 registered nurse or physician assistant shall be voluntary.

2987 (d) Patient participation in the pilot program shall be voluntary.  
2988 Any agreement to participate in the pilot program shall be made in  
2989 writing, signed by the patient or the patient's legally authorized  
2990 representative. Such agreement shall be maintained by the health care  
2991 institution, emergency medical services organization, physician,  
2992 advanced practice registered nurse or physician assistant that  
2993 presented such agreement to the patient and shall be made available to  
2994 the commissioner upon request.

2995 (e) Notwithstanding the provisions of sections 19a-495 and 19a-580d  
2996 of the general statutes, and regulations adopted thereunder, the  
2997 Commissioner of Public Health shall implement policies and  
2998 procedures for any pilot program established in accordance with this  
2999 section to ensure that: (1) Medical orders for life-sustaining treatment

3000 are transferrable among, and recognized by, various types of health  
3001 care institutions; (2) any procedures and forms developed for  
3002 recording medical orders for life-sustaining treatment are developed  
3003 after considering the physician orders for life-sustaining treatment  
3004 paradigm and require the signature of the patient or the patient's  
3005 legally authorized representative and a witness on the medical order  
3006 for life-sustaining treatment and the patient or the patient's legally  
3007 authorized representative is given a copy of any such order  
3008 immediately after signing such order; (3) prior to requesting the  
3009 signature of the patient or the patient's legally authorized  
3010 representative on such order, the physician, advanced practice  
3011 registered nurse or physician assistant writing the medical order  
3012 discusses with the patient or the patient's legally authorized  
3013 representative the patient's goals for care and treatment and the  
3014 benefits and risks of various methods for documenting the patient's  
3015 wishes for end-of-life treatment, including medical orders for life-  
3016 sustaining treatment; and (4) each physician, advanced practice  
3017 registered nurse or physician assistant that intends to write a medical  
3018 order for life-sustaining treatment receives training concerning: (A)  
3019 The importance of talking with patients about their personal treatment  
3020 goals; (B) methods for presenting choices for end-of-life care that elicit  
3021 information concerning patients' preferences and respects those  
3022 preferences without directing patients toward a particular option for  
3023 end-of-life care; (C) the importance of fully informing patients about  
3024 the benefits and risks of an immediately effective medical order for  
3025 life-sustaining treatment; (D) awareness of factors that may affect the  
3026 use of medical orders for life-sustaining treatment, including but not  
3027 limited to: Race, ethnicity, age, gender, socioeconomic position,  
3028 immigrant status, sexual minority status, language disability,  
3029 homelessness, mental illness and geographic area of residence; and (E)  
3030 procedures for properly completing and effectuating medical orders  
3031 for life-sustaining treatment.

3032 (f) After the termination of any pilot program established pursuant  
3033 to this section, said commissioner shall submit a report, in accordance

3034 with the provisions of section 11-4a of the general statutes, to the  
3035 Governor and the joint standing committee of the General Assembly  
3036 having cognizance of matters relating to public health concerning the  
3037 pilot program.

3038 (g) Said commissioner may implement policies and procedures  
3039 necessary to implement the pilot program while in the process of  
3040 adopting such policies and procedures in regulation form, in  
3041 accordance with chapter 54 of the general statutes, provided the  
3042 commissioner holds a public hearing prior to implementing such  
3043 policies and procedures and prints notice of the intent to adopt  
3044 regulations in the Connecticut Law Journal not later than twenty days  
3045 after the date of implementation of such policies and procedures.  
3046 Policies implemented pursuant to this section shall be valid until the  
3047 time final regulations are adopted or until the pilot program  
3048 terminates, whichever occurs earlier.

3049 (h) Any pilot program established in accordance with this section  
3050 shall terminate not later than October 1, 2016.

3051 Sec. 68. Section 20-266o of the 2014 supplement to the general  
3052 statutes is repealed and the following is substituted in lieu thereof  
3053 (*Effective from passage*):

3054 (a) On and after July 1, 2014, no person shall engage in the practice  
3055 of tattooing unless the person is eighteen years of age or older and has  
3056 obtained a license or temporary permit from the Department of Public  
3057 Health pursuant to this section.

3058 (b) (1) Each person seeking licensure as a tattoo technician on or  
3059 before [July 1, 2014] January 1, 2015, shall make application on a form  
3060 prescribed by the department, pay an application fee of two hundred  
3061 fifty dollars and present to the department satisfactory evidence that  
3062 the applicant: (A) Is eighteen years of age or older; (B) has successfully  
3063 completed, within the three years preceding the date of application, a  
3064 course on prevention of disease transmission and blood-borne



3065 pathogens that complies with the standards adopted by the federal  
3066 Occupational Safety and Health Administration, as described in 29  
3067 CFR 1910.1030 et seq., as amended from time to time, and that requires  
3068 the successful completion of a proficiency examination as part of such  
3069 course; and (C) holds current certification by the American Red Cross  
3070 or the American Heart Association in basic first aid.

3071 (2) Each person seeking licensure as a tattoo technician after [July 1,  
3072 2014] January 1, 2015, shall, in addition to satisfying the requirements  
3073 of subdivision (1) of this subsection, provide documentation to the  
3074 department, in the form and manner required by the commissioner, of  
3075 having (A) completed not less than two thousand hours of practical  
3076 training and experience under the personal supervision and  
3077 instruction of a tattoo technician, or (B) practiced tattooing  
3078 continuously in this state for a period of not less than five years prior  
3079 to [July 1, 2014] January 1, 2015.

3080 (c) Licenses issued under this section shall be subject to renewal  
3081 once every two years. A license to practice tattooing shall be renewed  
3082 in accordance with the provisions of section 19a-88 for a fee of two  
3083 hundred dollars. A licensee applying for license renewal shall, as a  
3084 condition of license renewal, successfully complete a course on  
3085 prevention of disease transmission and blood-borne pathogens that  
3086 complies with the standards adopted by the federal Occupational  
3087 Safety and Health Administration, as described in 29 CFR 1910.1030 et  
3088 seq., as amended from time to time, and that requires the successful  
3089 completion of a proficiency examination as part of such course. Each  
3090 licensee applying for license renewal shall sign a statement attesting  
3091 that the licensee has successfully completed such education course  
3092 within the six months preceding the expiration of the license on a form  
3093 prescribed by the Commissioner of Public Health. Each licensee shall  
3094 retain certificates of completion that demonstrate compliance with the  
3095 requirement for a minimum of four years after the year in which the  
3096 course was completed and shall submit such certificates to the  
3097 department for inspection not later than forty-five days after a request

3098 by the department for such certificates.

3099 (d) The provisions of this section shall not apply to a physician, an  
3100 advanced practice registered nurse rendering service in collaboration  
3101 with a physician, a registered nurse executing the medical regimen  
3102 under the direction of a licensed physician, dentist or advanced  
3103 practice registered nurse, or a physician assistant rendering service  
3104 under the supervision, control and responsibility of a physician.

3105 (e) No person shall use the title "tattoo technician", "tattoo artist",  
3106 "tattooist" or other similar titles unless the person holds a license  
3107 issued in accordance with this section.

3108 (f) Notwithstanding the provisions of subsection (a) of this section, a  
3109 person may practice tattooing if such person has obtained a license or  
3110 temporary permit pursuant to this subsection or practices tattooing  
3111 temporarily in the state as an instructor or participant in an event,  
3112 trade show or product demonstration in accordance with the  
3113 provisions of subdivision (3) of this subsection.

3114 (1) The department may grant licensure to any person who is  
3115 licensed at the time of application as a tattoo technician, or as a person  
3116 entitled to perform similar services under a different designation, in  
3117 another state of the United States, the District of Columbia or a  
3118 commonwealth or territory subject to the laws of the United States and  
3119 who submits evidence satisfactory to the department of (A) a current  
3120 license in good standing to practice tattooing from such other state,  
3121 commonwealth or territory, (B) documentation of licensed practice in  
3122 such state, commonwealth or territory for a period of at least two years  
3123 immediately preceding application, (C) successful completion of a  
3124 course on prevention of disease transmission and blood-borne  
3125 pathogens that complies with the standards adopted by the federal  
3126 Occupational Safety and Health Administration, as described in 29  
3127 CFR 1910.1030 et seq., as amended from time to time, and (D) current  
3128 certification by the American Red Cross or the American Heart  
3129 Association in basic first aid. Pending approval of the application for

3130 licensure, the commissioner may issue a temporary permit to such  
3131 applicant upon receipt of a completed application form, accompanied  
3132 by the fee for licensure, a copy of a current license from such other  
3133 state, commonwealth or territory and a notarized affidavit attesting  
3134 that the license is valid and belongs to the person requesting  
3135 notarization. Such temporary permit shall be valid for a period not to  
3136 exceed one hundred twenty calendar days and shall not be renewable.

3137 (2) The commissioner may issue a temporary permit to an applicant  
3138 previously licensed in Connecticut whose license has become void  
3139 pursuant to section 19a-88. Such applicant for a temporary permit shall  
3140 submit to the department a completed application form accompanied  
3141 by a fee of one hundred dollars, a copy of a current license in good  
3142 standing from another state and a notarized affidavit attesting that  
3143 such license is valid and belongs to the person requesting notarization.  
3144 A temporary permit for an applicant previously licensed in  
3145 Connecticut whose license has become void pursuant to section 19a-88  
3146 shall be valid for a period not to exceed one hundred twenty calendar  
3147 days and shall not be renewable.

3148 (3) [The commissioner may issue a temporary permit to a person  
3149 licensed or certified to practice tattooing in another state,  
3150 commonwealth or territory for the purpose of attending an educational  
3151 event, trade show in the state or participating in a product  
3152 demonstration in the state. Such applicant for a temporary permit shall  
3153 submit to the department, forty-five business days in advance of the  
3154 date of such event, show or demonstration, a completed application  
3155 form accompanied by a fee of one hundred dollars. Such applicant for  
3156 a temporary permit shall additionally submit a copy of a current  
3157 license or certification to practice tattooing from another state of the  
3158 United States, the District of Columbia or a commonwealth or territory  
3159 subject to the laws of the United States and a notarized affidavit  
3160 attesting that the license or certification is valid and belongs to the  
3161 person requesting notarization. A temporary permit issued in  
3162 accordance with this subparagraph shall be valid for a period not to

3163 exceed fourteen consecutive calendar days, shall not be renewable and  
3164 a temporary permit for such applicant shall not be issued more than  
3165 once in any calendar year.] A person who: (A) Provides instruction on  
3166 tattooing techniques; or (B) participates in the demonstration of a  
3167 tattooing-related product or offers tattooing as part of a professional  
3168 course, seminar, workshop, trade show or other event, may practice  
3169 tattooing for such purpose, provided such person described in  
3170 subparagraphs (A) and (B) of this subdivision (i) is licensed or certified  
3171 in the state, territory or possession of the United States or foreign  
3172 country that is the primary place where such person practices tattooing  
3173 if such state, territory, possession or foreign country requires licensure  
3174 or certification for tattooing, (ii) has successfully completed a course on  
3175 prevention of disease transmission and blood-borne pathogens that  
3176 complies with the standards adopted by the federal Occupational  
3177 Safety and Health Administration, as described in 29 CFR 1910.1030 et  
3178 seq., as amended from time to time, within the preceding three years,  
3179 (iii) practices tattooing under the direct supervision of a tattoo  
3180 technician, (iv) does not receive compensation for tattooing, other than  
3181 for providing instruction or tattooing services to persons in attendance  
3182 at the course, seminar, workshop, trade show or event, and (v)  
3183 provides instruction, demonstrates tattooing techniques or offers  
3184 tattooing only for persons enrolled in the course, seminar or workshop  
3185 or attending the trade show or event at which the person provides  
3186 instruction, demonstrates a product or offers tattooing. Any person or  
3187 organization that holds or produces a course, seminar, workshop,  
3188 trade show or other event at which a person who is not a tattoo  
3189 technician licensed in the state provides tattooing instruction,  
3190 participates in the demonstration of a tattooing-related product or  
3191 offers tattooing to persons in attendance at the trade show or event  
3192 shall ensure compliance with the provisions of this section.

3193 (g) Notwithstanding the provisions of subsection (a) of this section,  
3194 a student tattoo technician may practice tattooing under the personal  
3195 supervision of a tattoo technician for a period not to exceed two years.  
3196 A student tattoo technician shall register with the department for

3197 purposes of completing the practical training and experience required  
3198 to obtain a license pursuant to this section. An application for  
3199 registration shall be submitted to the department on a form prescribed  
3200 by the commissioner and shall be accompanied by documentation that  
3201 the applicant (1) has successfully completed a course on prevention of  
3202 disease transmission and blood-borne pathogens that complies with  
3203 the standards adopted by the federal Occupational Safety and Health  
3204 Administration, as described in 29 CFR 1910.1030 et seq., as amended  
3205 from time to time, and that requires the successful completion of a  
3206 proficiency examination as part of such course, and (2) holds current  
3207 certification by the American Red Cross or the American Heart  
3208 Association in basic first aid. Such application shall include a notarized  
3209 statement signed by a tattoo technician providing that such licensee  
3210 acknowledges having responsibility for personally supervising the  
3211 applicant's practical training and experience in tattooing.

3212 (h) No license or temporary permit shall be issued under this section  
3213 to any applicant against whom professional disciplinary action is  
3214 pending or who is the subject of an unresolved complaint in any state  
3215 or jurisdiction.

3216 (i) The Commissioner of Public Health may, in accordance with  
3217 chapter 54, adopt such regulations as are necessary to implement the  
3218 provisions of sections 20-266o to 20-266s, inclusive.

3219 Sec. 69. Section 20-34 of the general statutes is repealed and the  
3220 following is substituted in lieu thereof (*Effective October 1, 2014*):

3221 (a) The practice of natureopathy means the science, art and practice  
3222 of healing by natural methods as recognized by the Council of  
3223 Natureopathic Medical Education and that comprises diagnosis,  
3224 prevention and treatment of disease and health optimization by  
3225 stimulation and support of the body's natural healing processes, as  
3226 approved by the State Board of Natureopathic Examiners, with the  
3227 consent of the [commissioner] Commissioner of Public Health, and  
3228 shall include (1) counseling; [and] (2) the practice of the mechanical

3229 and material sciences of healing as follows: The mechanical sciences  
3230 such as mechanotherapy, articular manipulation, corrective and  
3231 orthopedic gymnastics, physiotherapy, hydrotherapy, electrotherapy  
3232 and phototherapy; and the material sciences such as nutrition,  
3233 dietetics, phytotherapy, treatment by natural substances and external  
3234 applications; (3) ordering diagnostic tests and other diagnostic  
3235 procedures as such tests and procedures relate to the practice of  
3236 mechanical and material sciences of healing as described in  
3237 subdivision (2) of this subsection; (4) ordering medical devices and  
3238 durable medical equipment; and (5) removing ear wax, spirometry,  
3239 tuberculosis testing and venipuncture for blood testing.

3240 (b) For purposes of subsection (a) of this section, "natural  
3241 substances" means substances [which] that are not narcotic substances,  
3242 as defined in subdivision (30) of section 21a-240, do not require the  
3243 written or oral prescription of a licensed practitioner to be dispensed  
3244 and are only administered orally.

3245 Sec. 70. Section 20-12d of the general statutes is repealed and the  
3246 following is substituted in lieu thereof (*Effective October 1, 2014*):

3247 (a) A physician assistant who has complied with the provisions of  
3248 sections 20-12b and 20-12c may perform medical functions delegated  
3249 by a supervising physician when: (1) The supervising physician is  
3250 satisfied as to the ability and demonstrated competency of the  
3251 physician assistant; (2) such delegation is consistent with the health  
3252 and welfare of the patient and in keeping with sound medical practice;  
3253 and (3) such functions are performed under the oversight, control and  
3254 direction of the supervising physician. The functions that may be  
3255 performed under such delegation are those that are within the scope of  
3256 the supervising physician's license, within the scope of such  
3257 physician's competence as evidenced by such physician's postgraduate  
3258 education, training and experience and within the normal scope of  
3259 such physician's actual practice. Delegated functions shall be  
3260 implemented in accordance with a written delegation agreement  
3261 between the supervising physician and the physician assistant. A

3262 supervising physician shall establish the terms of a written delegation  
3263 agreement that shall include, but not be limited to: (A) A description of  
3264 the professional relationship between the supervising physician and  
3265 the physician assistant; (B) identification of the medical services that  
3266 the physician assistant may perform; (C) a description of the manner in  
3267 which the physician assistant's prescribing of controlled substances  
3268 shall be documented in the patient's medical record; and (D) a  
3269 description of the process for the supervising physician to evaluate the  
3270 physician assistant's performance, including, but not limited to (i) the  
3271 frequency with which the supervising physician intends to personally  
3272 review the physician assistant's practice and performance of delegated  
3273 medical services, and (ii) a description of the manner in which, and the  
3274 frequency with which, the supervising physician intends to review the  
3275 physician assistant's prescription and administration of controlled  
3276 substances in schedule II or III. A supervising physician in a hospital  
3277 setting shall reference or include applicable hospital policies, protocols  
3278 and procedures in the written delegation agreement. The supervising  
3279 physician shall review the written delegation agreement not less than  
3280 annually and shall revise such written delegation agreement as the  
3281 supervising physician deems necessary to reflect any change in the  
3282 professional relationship between the supervising physician and the  
3283 physician assistant, the medical services that the physician assistant is  
3284 authorized to perform or the process for the supervising physician to  
3285 evaluate the physician assistant's performance. [All orders written by a  
3286 physician assistant shall be followed by the signature of the physician  
3287 assistant and the printed name of the supervising physician.] A  
3288 physician assistant may, as delegated by the supervising physician  
3289 within the scope of such physician's license, (I) prescribe and  
3290 administer drugs, including controlled substances in schedule IV or V  
3291 in all settings, (II) renew prescriptions for controlled substances in  
3292 schedule II, III, IV or V in all settings, (III) prescribe and administer  
3293 controlled substances in schedule II or III in all settings, provided in all  
3294 cases where the physician assistant prescribes a controlled substance in  
3295 schedule II or III, the physician under whose supervision the physician  
3296 assistant is prescribing shall document such physician's approval of

3297 the order in the patient's medical record in the manner prescribed in  
3298 the written delegation agreement, and (IV) prescribe and approve the  
3299 use of durable medical equipment. The physician assistant may, as  
3300 delegated by the supervising physician within the scope of such  
3301 physician's license, request, sign for, receive and dispense drugs to  
3302 patients, in the form of professional samples, as defined in section  
3303 20-14c, or when dispensing in an outpatient clinic as defined in the  
3304 regulations of Connecticut state agencies and licensed pursuant to  
3305 subsection (a) of section 19a-491 that operates on a not-for-profit basis,  
3306 or when dispensing in a clinic operated by a state agency or  
3307 municipality. Nothing in this subsection shall be construed to allow  
3308 the physician assistant to request, sign for, receive or dispense any  
3309 drug the physician assistant is not authorized under this subsection to  
3310 prescribe.

3311 (b) All prescription forms used by physician assistants shall contain  
3312 [the printed name, license number, address and telephone number of  
3313 the physician under whose supervision the physician assistant is  
3314 prescribing, in addition to] the signature, name, address and license  
3315 number of the physician assistant.

3316 (c) No physician assistant may: (1) Engage in the independent  
3317 practice of medicine; (2) claim to be or allow being represented as a  
3318 physician licensed pursuant to this chapter; (3) use the title of doctor;  
3319 or (4) associate by name or allow association by name with any term  
3320 that would suggest qualification to engage in the independent practice  
3321 of medicine. The physician assistant shall be clearly identified by  
3322 appropriate identification as a physician assistant to ensure that the  
3323 physician assistant is not mistaken for a physician licensed pursuant to  
3324 this chapter.

3325 (d) A physician assistant licensed under this chapter may make the  
3326 actual determination and pronouncement of death of a patient,  
3327 provided: (1) The death is an anticipated death; (2) the physician  
3328 assistant attests to such pronouncement on the certificate of death; and  
3329 (3) the physician assistant or a physician licensed by the state of



3330 Connecticut certifies the death and signs the certificate of death no  
3331 later than twenty-four hours after the pronouncement.

3332 Sec. 71. Section 1 of substitute house bill 5145 of the current session  
3333 is repealed. (*Effective from passage*)

3334 Sec. 72. Sections 17a-239 to 17a-241, inclusive, 17a-244, 19a-24, 19a-  
3335 73, 19a-121c, 19a-121e to 19a-121g, inclusive, 19a-179d and 19a-691 of  
3336 the general statutes are repealed. (*Effective October 1, 2014*)"

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2014	19a-493b
Sec. 2	October 1, 2014	19a-42(d)
Sec. 3	October 1, 2014	46b-172(a)
Sec. 4	October 1, 2014	19a-7h(b) and (c)
Sec. 5	October 1, 2014	19a-4j
Sec. 6	October 1, 2014	New section
Sec. 7	October 1, 2014	19a-561
Sec. 8	October 1, 2014	19a-111
Sec. 9	October 1, 2014	19a-111g
Sec. 10	October 1, 2014	19a-522b
Sec. 11	October 1, 2014	19a-181
Sec. 12	October 1, 2014	25-32(e)
Sec. 13	October 1, 2014	New section
Sec. 14	October 1, 2014	19a-494a
Sec. 15	October 1, 2014	19a-495(c)
Sec. 16	October 1, 2014	19a-175
Sec. 17	October 1, 2014	19a-177
Sec. 18	October 1, 2014	19a-180
Sec. 19	October 1, 2014	19a-179
Sec. 20	October 1, 2014	20-206mm
Sec. 21	October 1, 2014	20-206oo
Sec. 22	October 1, 2014	19a-179a
Sec. 23	October 1, 2014	19a-195a
Sec. 24	October 1, 2014	19a-179c
Sec. 25	October 1, 2014	New section
Sec. 26	October 1, 2014	New section
Sec. 27	October 1, 2014	19a-562a(a)

Sec. 28	October 1, 2014	19a-490k(c)
Sec. 29	October 1, 2014	19a-72
Sec. 30	October 1, 2014	19a-2a
Sec. 31	October 1, 2014	19a-32
Sec. 32	<i>from passage</i>	20-10b(b)
Sec. 33	October 1, 2014	20-146(a)
Sec. 34	October 1, 2014	20-188
Sec. 35	October 1, 2014	20-195dd
Sec. 36	October 1, 2014	20-195n
Sec. 37	<i>from passage</i>	20-252
Sec. 38	<i>from passage</i>	20-413
Sec. 39	January 1, 2015	10a-155b(a)
Sec. 40	October 1, 2014	20-74ee(a)(4)
Sec. 41	October 1, 2014	20-126l(k)
Sec. 42	October 1, 2014	19a-29a
Sec. 43	October 1, 2014	20-482
Sec. 44	October 1, 2014	20-402(b)
Sec. 45	July 1, 2014	20-9(b)
Sec. 46	October 1, 2014	20-13c
Sec. 47	October 1, 2014	19a-194
Sec. 48	October 1, 2014	20-71
Sec. 49	October 1, 2014	19a-492d
Sec. 50	October 1, 2014	19a-193a
Sec. 51	October 1, 2014	14-100a(e)
Sec. 52	July 1, 2014	20-87a(b)(3)
Sec. 53	<i>from passage</i>	PA 14-12, Sec. 4(b)
Sec. 54	October 1, 2014	New section
Sec. 55	October 1, 2014	20-207(3)
Sec. 56	October 1, 2014	New section
Sec. 57	October 1, 2014	20-195c(d)
Sec. 58	October 1, 2014	20-7c(b)
Sec. 59	October 1, 2014	19a-6n(a) to (c)
Sec. 60	October 1, 2014	19a-551
Sec. 61	October 1, 2014	20-101a(a)
Sec. 62	July 1, 2014	5-259d(d)
Sec. 63	July 1, 2014	10-15d
Sec. 64	July 1, 2014	10-76d(e)(2) and (3)
Sec. 65	July 1, 2014	10-76g(b)
Sec. 66	July 1, 2014	17a-224

Sec. 67	<i>from passage</i>	SB 413 (current session), Sec. 1
Sec. 68	<i>from passage</i>	20-266o
Sec. 69	<i>October 1, 2014</i>	20-34
Sec. 70	<i>October 1, 2014</i>	20-12d
Sec. 71	<i>from passage</i>	Repealer section
Sec. 72	<i>October 1, 2014</i>	Repealer section